

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

MAY 27 1936

16733

1. PLACE OF DEATH

County St. Louis Registration District No. 785
Township Bonhomme Central Primary Registration District No. 3037
City Kirkwood (No. 1033 N. Harrison St. _____ Ward)

File No. _____
Registered No. 45

2. FULL NAME Warren Francis Maire,

(a) Residence, No. 1033 N Harrison St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) student

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF --

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June - 14 - 1922

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
13 9 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. school
10. Data deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

13. NAME Paul Philip Maire

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebraska

15. MAIDEN NAME Helen May Donovan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louell

17. INFORMANT (ADDRESS) Paul Phillip Maire
1033 N. Harrison

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus Church DATE 4-16-36

19. UNDERTAKER (ADDRESS) Louis H. Bopp
731 W. Washington

20. FILED 4-14 1936 Agnes C. Kelly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/12/1936 .19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Illuminating gas poisoning. Date of onset _____

One burner of kitchen range was turned on, or not sufficiently shut off. Two boys were cooking chili and both ate copiously of this chili and then retired.

Other contributory causes of importance: When the mother arrived home-- who works in a tavern-- around noon she smelt gas but didn't think much

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external cause (violence), All in all the following: Coroner's view
Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? at home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Arthur Sturtevant M. D.

(Address) 3718 Jennings St

Coroner's Office, St. Louis, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

of it. Later the oldest boy, 21, commenced to vomit and she realized something serious was going on in the house. She called in neighbors and found one child dead and the other one was so bad when the police came he was taken to the County hospital as also the mother, who was also overcome by that time. Statement from oldest son verifies these circumstances, which was the findings of the Kirkwood Police Department.