

WRITE CAREFULLY, 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.

JUN 6 1936

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

Do not use this space.

791

21378

1. PLACE OF DEATH

County..... Registration District No. 1003
Township..... Primary Registration District No.....
City St. Louis (No. Christian Hospital) St. Ward)

File No. 5609

Registered No.

2. FULL NAME

(a) Residence, No. 4156 Beck St. St. 10 Ward. (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 5, 1850

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>85</u>	<u>3</u>	<u>22</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newswork

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date 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) St. Louis

13. NAME John Lawrence

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

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

17. INFORMANT (ADDRESS) Emma Mery

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE 5/30/36

19. UNDERTAKER (ADDRESS) Greenwood Undertaking Co

20. FILED MAY 28 1936 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1936, to May 27, 1936. I last saw her alive on May 27, 1936. Death is said to have occurred on the date stated above, at 2:30 P.M.

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

Fracture of femur
Received while deceased fell from automobile while getting out
1000 2100
Other contributory causes of importance:
Let her down in Park
minor

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide..... Date of injury 5/25/36

Where did injury occur? in St. Louis Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place
Manner of injury Fracture of femur

Nature of injury Fall

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Emma Mery, M. D.
(Address) 1918 East Grand Ave

