

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.

JUL 27 1936

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

Do not use this space.

24161

1. PLACE OF DEATH
 County St Louis Registration District No. 790
 Township _____ Primary Registration District No. 60339
 City Clayton (No. St Louis County Hospital Ward)

2. FULL NAME Baby Lemke
 (a) Residence, No. 5305 Vme apt 5 Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) new born

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-15-1936

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
—	—	—	—	1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 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) Clayton Mo.

13. NAME Raymond Lemke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Two Rivers Wis.

15. MAIDEN NAME Delphine Becker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo.

17. INFORMANT Mr Lemke (ADDRESS) aptn 5305

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph DATE 6/18 1936

19. UNDERTAKER Funkhouser Co. (ADDRESS) 744 Grand St. St. Louis

20. FILED 6/18 1936 D. A. G. [Signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-15-1936

22. I HEREBY CERTIFY, That I attended deceased from 6-15-1936, to 6-15-1936.
 I last saw him alive on 6-15-1936. Death is said to have occurred on the date stated above, at 9:25 a.m.
 The principal cause of death and related causes of importance were as follows:
Born 9⁵¹ am. gasped & crying. Permitted when infant.
 Date of onset: _____

Other contributory causes of importance: 189

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 _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in 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) Funkhouser, M. D.
 (Address) St. Joseph Co Hosp. Clayton, Mo.

10-11-54

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