

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

Do not use this space.

JUL 14 1936

24535

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City *St. Louis Mo* (No. *3501*) *Lumphey*

File No.

Registered No. **6154**

St. Ward)

2. FULL NAME

(a) Residence, No. *3501* *Lumphey*
(Usual place of abode)

16 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 *Male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Alma Smith*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 13-1877*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 2 0

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *St. Louis Die casting Co.*

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) *Michigan*

13. NAME *Unknown*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

17. INFORMANT *Alma Smith*
(ADDRESS) *3501 Lumphey*

18. BURIAL, CREMATION, OR REMOVAL *Sunset* DATE *June 16 36*

19. UNDERTAKER *Ziegler & Son*
(ADDRESS) *2623 Cherokee*

20. FILED *JUN 16 1936* *JT Bredeck*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 13 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Nov. 12*, 19*34*, to *Feb. 27*, 19*36*

I last saw him alive on *Feb. 27*, 19*36* Death is said

to have occurred on the date stated above, at *8:30* a.m.

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

Carcinoma of Tongue and Floor of mouth with metastasis to lungs. Primary seat tongue.

Other contributory causes of importance:

Name of operation *Cutery of head disease* of *11-23-36*

What test confirmed diagnosis? *Pathology of chest* Was there an autopsy? *No*

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? *No* If so, specify

(Signed) *James M. Baker*, M. D.
(Address) *3427 Washington*

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.

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