

SEP 15 1936

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

Do not use this space.

791

32696

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No. **1003**
City **St. Louis** (No., **3864a Shaw Avenue** St. Ward)

File No.
Registered No. **8569**

2. FULL NAME

Walter T. Tamm
(a) Residence, No. **3864a Shaw Avenue** St. **17** 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. **17** How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Single**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 16 1936**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **September 3, 1880**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 12**, 1936, to **Aug 16**, 1936.
I last saw h.i.m. alive on **Aug 16**, 1936. Death is said to have occurred on the date stated above, at **4:30 A.M.**
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 11 13
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Retired Purchasing Agent**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **St. Louis Car Co.**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Chronic Pulmonary Tuberculosis
Date of onset
Other contributory causes of importance: **None**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Missouri**

Name of operation **None** Date of
What test confirmed diagnosis? **None** Was there an autopsy?

13. NAME **John J. Tamm**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Germany**

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.

15. MAIDEN NAME **Marie Hussmann**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Germany**

Manner of injury
Nature of injury

17. INFORMANT **Ada M. Tamm**
(ADDRESS) **3864a Shaw Avenue**

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify
(Signed) **Preston C. Haddell, M.D.**
(Address) **1625 Gower Drive One**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New Picker's Cem.** DATE **Aug. 18, 1936**

19. UNDERTAKER **Wm. J. Robert**
(ADDRESS) **1905 S. Grand Blvd.**

20. FILED **AUG 18 1936** **J. Bredeck**
Registrar.

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.

