

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.

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

Do not use this space.

OCT 5 1936

35795
9416

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis, Missouri**
B. **8555** **Amelia Chastain**

City Hospital **1003** St. Ward)

2. FULL NAME

(a) Residence, No. **3421 California** St., **24** 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 female	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **unknown**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 3, 1864**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
72		3	8	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. hwk
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife
	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) **Illinois**

13. NAME **Thomas Larmer**

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

15. MAIDEN NAME **Anna Hughes**

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

17. INFORMANT (ADDRESS) **Hosp. Info. M. H. Kent City Hospital No. 1**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Missour Crematory** DATE **Sept 15, 1936**

19. UNDERTAKER (ADDRESS) **Funerary Bros. 2623 Cherokee**

20. FILED **SEP 14 1936** **J. F. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9/11/36** 19

22. I HEREBY CERTIFY, That I attended deceased from **9/4/36** 19, to **9/11/36** 19

I last saw h. **her** live on **9/11/36** 19. Death is said to have occurred on the date stated above, at **11.30** P

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

Thrombosis of left middle cerebral artery (recent), & right hemiplegia.

Other contributory causes of importance: **Diabetes mellitus**

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

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) **Charles M. Jessier, M. D.**
(Address) **City Hospital No. 1**

