

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.

MAR 12 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City..... *St. Louis, MO*

Registration District No. *1505 791*
Primary Registration District No. *1003*
City..... No. *2707 CHIPPEWA ST*

47823
File No. *1504*
Registered No. *1504*
St. Ward)

2. FULL NAME

(a) Residence, No. *2707 CHIPPEWA* 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Unknown* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 7th*, 19 *36*

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

22. I HEREBY CERTIFY, That I attended deceased from *Feb 7th*, 19 *36*, to *Feb 7/1936*, 19.....
I last saw h. *Still born*, 19..... Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 7-1936*

to have occurred on the date stated above, at *7:50* 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

Date of onset

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None*
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) None spent in this occupation.

6 week old fetus Spontaneous miscarriage

Other contributory causes of importance:

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

FATHER 13. NAME *ANTON MARIN*

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

MOTHER 15. MAIDEN NAME *MARY JAROLIMEK*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *ST. LOUIS, MO*

17. INFORMANT *Mr. Anton Marin* (ADDRESS) *2707^{1/2} Chippewa*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Peter and Paul* DATE *Feb. 10*, 19 *36*

19. UNDERTAKER *Anton Marin* (ADDRESS) *2707^{1/2} Chippewa*

20. FILED *FEB 10 1936* Registrar *J. H. Bredeck*

Name of operation *None* Date of *None*
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? *No*
If so, specify.....
(Signed) *W. Tupper Plummer*, M. D.
(Address) *2853 Osage*

