

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.

OCT 21 1936

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 790 File No. 49060  
Township Beaumont Primary Registration District No. 6032 Registered No. 369  
City Clayton (No. St. Louis, County Hospital) Ward

2. FULL NAME

(a) Residence, No. Bay F Lemmings St. Union B Ward (Union B)  
(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 <u>Male</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>39<sup>3</sup> AM</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-16-26</u>		
7. AGE	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, hrs. or min.
OCCUPATION	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) <u>Clayton Mo.</u>		
FATHER	13. NAME <u>Illegitimate</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Mildred Fleming</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Beaumont Mo.</u>	
17. INFORMANT (ADDRESS) <u>Mildred Fleming</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cook Lab</u> DATE <u>9/16</u>		
19. UNDERTAKER (ADDRESS)		
20. FILED <u>9/23</u> 19 <u>36</u> <u>Dr. G. J. Siquorelli</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-16, 1936

22. I HEREBY CERTIFY, That I attended deceased from 39<sup>3</sup> AM, 1936, to 39<sup>3</sup> AM, 1936.

I last saw h. stillbirth born 39<sup>3</sup> AM, 1936. Death is said to have occurred on the date stated above, at Union B m.

The principal cause of death and related causes of importance were as follows:  
stillbirth born 39<sup>3</sup> AM  
Union B  
Cause of still birth not known

Other contributory causes of importance:  
No tests  
No criminal interference  
Amputation

Name of operation Amputation Date of operation 9/16/36

What test confirmed diagnosis? Amputation Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No Date of injury 9/16/36  
Where did injury occur? Cook Lab (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Amputation  
Nature of injury Amputation

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify No

(Signed) J. J. Schull, M. D.  
(Address) St. Louis, Mo.

