

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

Do not use this space.

JAN 20 1937

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49546

File No. _____
Registered No. **12569**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Louis Mo. City, Hospital

2. FULL NAME

(a) Residence, No. 1302 1/2 Whittier Ward. 11
(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 und 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 6 - 1903

7. AGE - YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
36 11 12 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. mil
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) St. Louis Mo

MOTHER FATHER 13. NAME Manuel Meron

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morley Mo.

15. MAIDEN NAME Elizabeth Snow

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo.

17. INFORMANT (ADDRESS) Step of City M. S. Dept.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE 12/23/36 19.

19. UNDERTAKER (ADDRESS) St. Bredeck

20. FILED _____ 1937 _____
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/6/36 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/6 to 12/6 1936

I last saw him alive on 12/6 1936 Death is said to have occurred on the date stated above, at 12:30 p.m.

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

Stillborn Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

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 _____, 1936

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) _____ M.D.
(Address) City, St. Louis

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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.

