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.

FEB 8 1937

Registration District No. 791

Primary Registration District No. 1003

File No. 3360

Registered No. 392

96 30 9

1. PLACE OF DEATH

County .....

Township .....

City Saint Louis, Missouri. (No. 2911 Wyoming Street. St. ..... Ward)

2. FULL NAME William J. Larmer.

(a) Residence, No. 2911 Wyoming Street. St., 24 Ward. 1

(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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 8th, 1866.

7. AGE: YEARS 70 | MONTHS 5 | DAYS 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Watchman for 10 2

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Terminal

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. 2

FATHER

13. NAME: Thomas Larmer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scottland. 8

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland. 15

17. INFORMANT (ADDRESS): Lillie Larmer, 2911 Wyoming Street.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bunker Hill Ill DATE January 11 1937

19. UNDERTAKER (ADDRESS): Ziegenheim Bros. 2623 Cherokee Street.

20. FILED JAN 11 1937 19 ..... J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 8th, 1937.

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1930, to Jan. 8th, 1937

I last saw him alive on Jan. 6, 1937. Death is said to have occurred on the date stated above, at 3:55P. m.

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

	Date of onset
Carcinoma, Squamous called carcinoma of the rt. cervical gland, just above the clavicle.	1936
Other contributory causes of importance: Metastasis into Brain	1937

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Name of operation None Date of —

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

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) A. H. Cleveland, M. D.

(Address) 3326 Meramec St