

APR 8 1937

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

Do not use this space.

1. PLACE OF DEATH

County

Registration District No. **791**

Township

Primary Registration District No. **1003**

City

(No. **DE PAUL HOSPITAL**)File No. **10369**Registered No. **2941**

St. Ward)

2. FULL NAME **BABY BESMER**(a) Residence, No. **1425 CLARA AVE** St. **6** 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 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

MALE

WHITE

CHILD

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **MAR 15, 1937**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

0

0

0

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) **ST. LOUIS, MO.**13. NAME **LAWRENCE BESMER**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **ST. LOUIS, MO.**15. MAIDEN NAME **MARY AMBROSE**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **ILLINOIS**17. INFORMANT **LAWRENCE BESMER** (ADDRESS) **1425 CLARA AVE**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **CALVARY CEMETERY** DATE **MAR 16, 1937**19. UNDERTAKER **Goodhart & Goodhart** (ADDRESS) **2248 N. 2nd Ave**20. FILED **MAR 16 1937** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3-15-1937**I HEREBY CERTIFY that I attended deceased from **March 15, 1937** to **March 15, 1937**

I last saw him alive on, 19..... Death is said

to have occurred on the date stated above, at **7:30 P.M.**

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

Stillborn at term Date of onset**Premature separation of placenta**

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, 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? **Yes** If so, specify, (Signed) **J. M. Rindau**, M. D. (Address) **1518 W. 2nd St.**

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.

000

