

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

Do not use this space.

APR 27 1937

13309

1. PLACE OF DEATH

County St. Louis Co. Registration District No. 984
Township St. Ferdinand Twp. Primary Registration District No. 6030
City Prospect Hill (No. _____) St. _____ Ward)

File No. _____
Registered No. 57

2. FULL NAME

(a) Residence, No. 665 Leston Dr. Prospect Hill 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 <u>MALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>MARCH 21-1937</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.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) St. Louis Co. Mo.
(STATE OR COUNTRY)

FATHER
13. NAME Leo Gomez
14. BIRTHPLACE (CITY OR TOWN) Mexico
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Deloris Warringer
16. BIRTHPLACE (CITY OR TOWN) Kansas
(STATE OR COUNTRY)

17. INFORMANT Leo Gomez
(ADDRESS) 665 Leston Dr.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cross DATE March 25 1937

19. UNDERTAKER Diedrich Funeral Home
(ADDRESS) 8319 Halle Berry St.

20. FILED 3-25 1937 W. A. Zettler
Registrar.
P. B. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24 1937
22. I HEREBY CERTIFY, That I attended deceased from March 24 1937, to March 24 1937
I last saw him at 3-24 1937. Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:

Still Born
Reason for still birth unknown.

Other contributory causes of importance: 2.
Name of operation _____ Date of _____
What test confirmed diagnosis? ch. 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? (MIRWIES)
If so, specify _____
(Signed) Lucretia Thompson
(Address) Prospect Hill, Box 502
St. Louis Co. Mo.

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.

