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.

AUG - 5 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 File No. 25820

Township ..... Primary Registration District No. 1003 Registered No. 6994

City St. Louis (No. 2824, Lyon St. ..... Ward)

2. FULL NAME Robert E. Worren

(a) Residence, No. 2824 Lyon St., 24 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 11, 1878

7. AGE: YEARS 58 MONTHS 9 DAYS 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer, P.W.A.
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) Prairie County Missouri

FATHER

13. NAME Ryle Worren
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prairie County Missouri.

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

17. INFORMANT (ADDRESS) Julia Gray 2824 Lyon Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Matthews Cem. DATE July 23, 1937

19. UNDERTAKER (ADDRESS) Feich Bros 2201 So. Grand Blvd.

20. FILED JUL 23 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from July-19, 1937, to July-19, 1937
I last saw him alive on July 19, 1937. Death is said to have occurred on the date stated above, at 4:45 P.M.
The principal cause of death and related causes of importance were as follows:

Diarrhoea and Enteritis Type undetermined but ~~[illegible]~~ tuberculosis of lungs & intestines suspected

Date of onset 7-5-37

Other contributory causes of importance:
One visit to patient was insufficient to determine ailments

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) Wm. R. Gunn, M. D.
(Address) 2227 S Broadway St Louis