

OCT 26 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 1170
Township Jefferson Primary Registration District No. 6248-H
City Richmond Hts (No. St Marys Hospital)

File No. 35407
Registered No. 216
St. _____ Ward _____

2. FULL NAME

John Frederick Tenme
(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

1813 Link Rd
St Louis Co mo.
(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) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 4. 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 6 29

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation none

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis, mo.13. NAME Clarence Tenme14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Co mo15. MAIDEN NAME Loretta Beckmann16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clayton mo17. INFORMANT Clarence Tenme
(ADDRESS) 1813 Link St Louis Co mo18. BURIAL, CREMATION, OR REMOVAL
PLACE Central Cem. DATE 10/5 3719. UNDERPAKER Barron Brown Co
(ADDRESS) onil and mo20. FILED Oct. 4 19 37 Gene A. Bassett
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 3 . 1937

22. I HEREBY CERTIFY, That I attended deceased from

birth 3/4, 1937, to 10/3, 1937I last saw him alive on 10/3, 1937. Death is saidto have occurred on the date stated above, at 2:20 P.m.

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

Congenital heart disease Date of onset 1/4/37Other contributory causes of importance: Terminal bronchopneumonia 10/1/37

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

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? _____

If so, specify _____

(Signed) Leo J. Ruddy, M. D.(Address) 8185 Page BlvdSt Louis Co mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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