

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

REC'D JUN 8 1939

17837
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson 3 Registration District No. 399
 (b) Township Raw Primary Registration District No. 1002 Registered No. 2229
 (c) City St. Louis (d) Street No. In Ambulance on way to St. Louis
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 5 1/2 Mike Demare
 (a) Residence, No. 516 Henison St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 25 - 1910</u>		
7. AGE	YEARS <u>28</u>	MONTHS <u>9</u>
		DAYS <u>2</u>
	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Teller</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation <u>12</u>	
12. BIRTHPLACE (CITY OR TOWN) <u>Raw</u> (STATE OR COUNTRY) <u>Mo</u>		
FATHER	13. NAME <u>Mike Demare</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Jack.</u> (STATE OR COUNTRY) <u>Mo</u>	
MOTHER	15. MAIDEN NAME <u>Stacy</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Rolla</u> (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT <u>Chester Demare</u> (ADDRESS) <u>516 Henison</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>West Maple</u> DATE <u>6/1</u> 19 <u>39</u>		
19. FUNERAL DIRECTOR (NAME) <u>J. Sebeto</u> (ADDRESS) <u>201 East 10th St.</u>		
20. FILED <u>May 31, 1939</u> <u>M. M. Brown</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5. 28. 39. 19

22. I HEREBY CERTIFY That I attended deceased from 19..... to 19.....
 I last saw Deceased on 5/28/39, 19..... Death is said to have occurred on the date stated above, at 1457.
 The principal cause of death and related causes of importance were as follows:
Bronchial Asthma
Emphysema 12
 Date of onset

Other contributory causes of importance:

Name of operation Asthma Date of
 What test confirmed diagnosis Asthma 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?
 If so, specify
 (Signed) M. D.
 (Address)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.