

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

Do not use this space.

18033

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City St. Louis (No.) St. Ward)

File No.
Registered No. **4353**

2. FULL NAME

(a) Residence, No. 2101 Biddle St., 21 Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Caucas 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1935, to May 11, 1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 3 1885

I last saw him alive on May 10, 1935. Death is said to have occurred on the date stated above, at 11:55 A.M.

7. AGE YEARS 40 MONTHS 2 DAYS If LESS than 1 day, hrs. or min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

Meningeococci meningitis
Date of onset 5.2.35

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.....

Other contributory causes of importance: 18

12. BIRTHPLACE (CITY OR TOWN) - (STATE OR COUNTRY) Ill.

13. NAME - Will Cismm

14. BIRTHPLACE (CITY OR TOWN) - (STATE OR COUNTRY) unknown

15. MAIDEN NAME - unknown

16. BIRTHPLACE (CITY OR TOWN) - (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Rob Barry 3600 Adams

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cemetery DATE 5/16 1935

19. UNDERTAKER (ADDRESS) Dr. J. J. Miller

20. FILED May 14 1935

Name of operation Date of
What test confirmed diagnosis? Culture of Pflander 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) Henry J. Florsch, M. D.
(Address) 5647 A. Street St. Louis

Registrar.

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

2037

1236 N 16th

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Registration District No. 791
Township St. Louis Primary Registration District No. 1003
City St. Louis (No.) St. Ward)

File No.
Registered No. 4353

2. FULL NAME

George Crimm

(a) Residence, No. 2101 Biddle St., Ward. (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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE c 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min. 40 2 unknown

to have occurred on the date stated above, at..... m.

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

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

Infarctus cerebri
Helminthiasis
Date of onset 5-2-35
Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.....

19. UNDERTAKER (ADDRESS) R M C Green

20. FILED 7-16-35 J. B. Bishop Registrar

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?.....

If so, specify (Signed) Henry J. Ulrich, M. D.

(Address)

SUPPLEMENTARY

5-18033