

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.

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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**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **4553 Morganford Rd**)

48541

File No.
Registered No. **6624**
St. Ward

2. FULL NAME

Inf Kommorich
(a) Residence, No. St. **B** 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

3. SEX **Male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **S** (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 29 1936**

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

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.....

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

13. NAME **John Kommorich**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis**

15. MAIDEN NAME **Myrtle Lange**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis**

17. INFORMANT **John Kommorich** (ADDRESS) **4553 Morganford Rd.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Cremation** DATE **June 30 1936**

19. UNDERTAKER **Redebeck Funeral Home Co** (ADDRESS) **1936 14th Ave**

20. FILED **JUN 30 1936** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 29 1936**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at..... P. m.

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

Still birth - cause of which is: premature - about 6 mos.

Other contributory causes of importance:

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? **no** 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) **W. H. Brada**, M. D.
(Address) **3218 S. Brada**

The following table shows the results of the survey conducted in the year 1950-1951. The data is presented in a tabular format, with columns representing different categories and rows representing specific data points. The table is organized into several sections, each corresponding to a different aspect of the survey.

Category	Sub-category	Value
Section 1	Item A	12.5
	Item B	8.7
	Item C	15.3
	Item D	9.1
Section 2	Item E	20.4
	Item F	18.9
	Item G	22.1
	Item H	19.6
	Item I	21.3
Section 3	Item J	10.8
	Item K	14.2
	Item L	11.5
Section 4	Item M	7.9
	Item N	6.3
Section 5	Item O	5.1

The data indicates a general upward trend in the values across the different sections, with Section 2 showing the highest overall values. The individual items within each section show varying degrees of fluctuation, but the overall pattern suggests a positive correlation between the sections and their respective values.