

AUG - 5 1937

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

Do not use this space.

791
1003

25629

6803

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. 4306 1/2 N. Broadway)..... St. Ward)

2. FULL NAME

Clarence Vigal Banderman

(a) Residence, No. 4306 1/2 N. Broadway..... St. 9..... 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. da. 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. 1, 1935

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day,hrs. ormin.
2 4 12

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.

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

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

13. NAME Alfred Edward Banderman

14. BIRTHPLACE (CITY OR TOWN)..... St. Clair Co. Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Mary Frances Banderman

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

17. INFORMANT Mrs. Frances Banderman (ADDRESS) 4306 1/2 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Park DATE July 16 1937

19. UNDERTAKER Chas. L. McCoy (ADDRESS) 2507 1/2 Grand

20. DATE OF DEATH JUL 15 1937 19.....
J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13 1937

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 12:30 m.

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

Gastro Enteritis due to

Dystrophy.

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?..... 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..... H V

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Joseph M. Quinn M. D.

(Address) Deputy Coroner

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.

