

REC'D SEP 12 1938

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

27161
Do not use this space.

1. PLACE OF DEATH

- (a) County..... Registration District No. **1008**
- (b) Township..... Primary Registration District No. Registered No. **7175**
- (c) City St. Louis (d) Street No. 3020 Elliot Ave. St. (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 Margaret (Maggie) Diamond **55.9**

- (a) Residence, No. 3020 Elliot Ave. St. **40** (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 Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Barnard Diamond		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 1, 1865		
7. AGE	YEARS 72	MONTHS 9
	DAYS 11	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrenton **0**
Mo. **5**FATHER 13. NAME Thomas Moran **5**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland **1**MOTHER 15. MAIDEN NAME Mary Tanner16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois17. INFORMANT J. Drummond Diamond
(ADDRESS) 1115 Jackson Pl.18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) Paul J. Kraw...
1411 Washington St.20. FILED **AUG 13 1938** J. T. Bred...
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12 193822. I HEREBY CERTIFY, That I attended deceased from July 14 1938, to Aug 9th 1938
I last saw her alive on Aug 9th 1938 Death is said to have occurred on the date stated above, at 1 P. m.

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

Cerebral Haemorrhage **7/12/38**
Date of onsetOther contributory causes of importance:
Chronic Interstitial Nephritis **9/6/24**
Hemiplegia **7/12/38**Name of operation None Date ofWhat test confirmed diagnosis? Clinically Was there an autopsy? No23. 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 injury24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) E. A. Schueninger M. D.(Address) 4470 Natural Bridge

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, _____

Elton R. H. Remelius, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed *Elton R. H. Remelius*

Licensed Embalmer No. *3154*

P. O. Address *3949^a Green Ave.
St. Louis Mo*

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

27161
Do not use this space.

1. PLACE OF DEATH

(a) County St Louis Registration District No. 791
(b) Township Primary Registration District No. 1003 Registered No. 7175-
(c) City St Louis (d) Street No.
(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 Margaret (Maggie) Diamond

(a) Residence, No. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12 1938

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

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...
I last saw him alive on, 19... Death is said to have occurred on the date stated above, at.....m.

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 9 11

Date of onset

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

Other contributory causes of importance:

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

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 8-15-38

19. FUNERAL DIRECTOR (ADDRESS)

20. FOOT 8 1938

J. F. Brudeck
Local Registrar

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 E. A. Scheyer, M. D.
(Address) 4470 National Bridge

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENTARY

