

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

PLACE OF DEATH

791

12839

1003

3116

County _____

Township _____

Registration District No. _____

File No. _____

or Village _____

Primary Registration District No. _____

Registered No. _____

or City _____

St. Louis Mo (NO. 3300 Chouteau av St. 16 Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Mildred Virginia Halbert

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED single
(Write the word)

DATE OF DEATH March 26, 1911
(Month) (Day) (Year)

DATE OF BIRTH June 1, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 22, 1911, to March 26, 1911, that I last saw her alive on March 26, 1911, and that death occurred, on the date stated above, at 12 P. m.

AGE 9 yrs. 26 mos. 26 ds. If LESS than 1 day, ___ hrs. or ___ min.?

The CAUSE OF DEATH* was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) none

Capillary Bronchitis
1073
6934
(Duration) ___ yrs. ___ mos. 4 ds.

BIRTHPLACE (City or town, State or foreign country) St. Louis Mo

Contributory Obesity
(Secondary) (Duration) ___ yrs. ___ mos. ___ ds.

NAME OF FATHER Thos Halbert

(Signed) W. P. Button M. D.
March 27, 1911 (Address) 4307 Manchester av

BIRTHPLACE OF FATHER (City or town, State or foreign country) Mo

MAIDEN NAME OF MOTHER Eva Norris

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

(Informant) Thos Halbert

Where was disease contracted if not at place of death? _____

(ADDRESS) 3300 Chouteau

Former or usual residence _____

Filed MAR 28 1911 213 Wheeler Bond

PLACE OF BURIAL OR REMOVAL Wesleyan DATE OF BURIAL 3/28, 1911

UNDERTAKER J. M. Aumsville ADDRESS St. Louis Mo

REGISTRAR

4236 Manchester av

