

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

PLACE OF DEATH

County \_\_\_\_\_

Township \_\_\_\_\_

or

Village \_\_\_\_\_

or

City St. Louis (NO. City Hospital St. 5 Ward)

Registration District No. 791

File No. 27671

Primary Registration District No. 1003

Registered No. 7696

FULL NAME Baby Todd

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single  
(Write the word)

DATE OF DEATH July 30, 1914  
(Month) (Day) (Year)

DATE OF BIRTH not known  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 10, 1914, to July 30, 1914, that I last saw he alive on July 30, 1914 and that death occurred, on the date stated above, at 7:45 P.M.

AGE \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 14 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 \_\_\_\_\_

Pertussis

(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

9 (Duration) 08 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

NAME OF FATHER not known

(Signed) R. Kinsella M. D. (Address) City Hospital

BIRTHPLACE OF FATHER (City or town, State or foreign country) not known

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

MAIDEN NAME OF MOTHER not known

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

BIRTHPLACE OF MOTHER (City or town, State or foreign country) not known

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 20 ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 14 ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Where was disease contracted If not at place of death?

(Informant) E. R. ...

Former or usual residence 1907 Franklin (over)

(ADDRESS) City Hospital

PLACE OF BURIAL OR REMOVAL POTTERS FIELD. DATE OF BURIAL Aug 14 1914

Filed Aug 12 1914 Marcel Starkloff REGISTRAR

UNDERTAKER G. M. ... ADDRESS 1426 Carroll St.

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.

