

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

Do not use this space.

31881

1. PLACE OF DEATH

County St Louis Mo
Township St Louis mo
City St Louis Mo

Registration District No. 791
Primary Registration District No. 1003

File No. _____
Registered No. 9243
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 919 N Taylor Ave St. 11 Ward. _____
(Usual place of abode)

(If nonresident give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Baby

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 14, 1927

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 2 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Baby 159 159
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

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

10. NAME OF FATHER J. J. Rusk Mo

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mokane Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Laura Bryan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mokane Mo
(STATE OR COUNTRY)

14. INFORMANT Thomas Knox
(Address) Mokane Mo

15. FILED OCT 17 1927 Max C Starkoff
RECEIVED

21 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 16 1927

17. I HEREBY CERTIFY, That I attended deceased from August 14, 1927 to October 16, 1927, that I last saw him alive on October 16, 1927, and that death occurred, on the date stated above, at 7:59 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Athypsis

113B

CONTRIBUTORY Prematurity (Wt. 2 lbs. at birth)
(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

21. WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) Francis Cost, M. D.

, 19 (Address) Midville Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mokane Mo DATE OF BURIAL October 17 1927

20. UNDERTAKER Chas. L. Geoghegan ADDRESS 4822 Easton Ave

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.

