

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

Do not use this space.

22299

1. PLACE OF DEATH

County.....

Registration District No.....

791
E003

File No.....

Township.....

Primary Registration District No.....

Registered No.....

6482

City St Louis Mo 3412 A St Vincent 17 Ward)

2. FULL NAME

(a) Residence. No. 3412 A St Vincent 17 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.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

infant

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

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

June 19-1928

7. AGE

Years

Months

Days

If LESS than 1 day, 4 hrs. or 4 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Infant

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

"

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

William V. Shields

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ill.

12. MAIDEN NAME OF MOTHER

Julia Glarmann

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

14.

INFORMANT

(Address)

Mr Wm Shields
3412 A St Vincent

15.

FILED

79

1928

May

1928

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REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

June 19 1928

17.

I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 19.....

(that I last saw h..... alive on 19....., and that

death occurred, on the date stated above, at.....

THE CAUSE OF DEATH WAS AS FOLLOWS:

Premature Birth

6 1/2 Mo. Gest.

Cause Unknown

159

W. M. A

(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) J. W. Kerner

(Address) 6/19/28 Sep. Coroner

*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

DATE OF BURIAL

SS Peter & Paul's Lem June 19 1928

20. UNDERTAKER

ADDRESS

E. J. Schurer 3125 Lafayette

av

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

R. E.—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.

