

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

2005

File No. **28920**

Township.....

Primary Registration District No. **5603**

Registered No. **8424**

City **St. Louis** (No. **5603** South Broadway St. Ward)

2. FULL NAME **Infant Wentworth**

(a) Residence, No. St., **15** 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 **Female** 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) **Aug 16, 1928**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 2

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER **C. M. Wentworth**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Fredricksburg**
(STATE OR COUNTRY) **Missouri**

12. MAIDEN NAME OF MOTHER **Hulda Schmidt**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Columbia**
(STATE OR COUNTRY) **Illinois**

14. INFORMANT **C. M. Wentworth**
(Address) **St. 23, So. Bldg**

15. **AUG 19 1928** FILED **19** **Mary C. Starker** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Aug. 18, 1928**

17. I HEREBY CERTIFY, That I attended deceased from **Aug. 16, 1928** to **Aug. 18, 1928** that I last saw him alive on **Aug. 18, 1928**, and that death occurred, on the date stated above, at.....

THE CAUSE OF DEATH* WAS AS FOLLOWS:

malformed heart (Blue Baby)
15 yrs. 12 mos. 2 da.

CONTRIBUTORY (SECONDARY) **15 9 18**
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

18 DID AN OPERATION PRECEDE DEATH? DATE of **no**

18 WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **L. M. Bader, M. D.**
, 19 (Address) **3836 Irving**

*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 **Mount Hope** DATE OF BURIAL **8/19 1928**

20. UNDERTAKER **W. H. Hoppmister & Co** ADDRESS **7514 So. Broadway**

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—THIS IS A PERMANENT RECORD

