

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

Do not use this space.

38783

**1. PLACE OF DEATH**

County..... Registration District No. 701  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. Children's Hospital) St. \_\_\_\_\_ (Ward) \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 11442

**2. FULL NAME**

(a) Residence. No. \_\_\_\_\_ St. 12 Ward. Chitwood Mo  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred Sept. mos. \_\_\_\_\_ da. \_\_\_\_\_ 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)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 3 - 1928

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
			<u>6</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work 152 B  
129  
 (b) General nature of industry, business, or establishment in which employed (or employer) 157 B  
 (c) Name of employer \_\_\_\_\_

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

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Clara Siebert

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Japan  
 (STATE OR COUNTRY) no

14. INFORMANT M. B. Jacobi  
 (Address) 500 S. Kings Highway

15. FILED Nov 23 1928 19 \_\_\_\_\_  
M. C. Stanley  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 9 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1928, to Nov 9, 1928 that I last saw him alive on Nov 9, 1928, and that death occurred, on the date stated above, at 11:00 a. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Congenital Malformation of Rectum (Imperforate Anus)  
Peritonitis Acute (non tuberculous)  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 6 ds.

CONTRIBUTORY (SECONDARY) Cellulitis of abdominal wall  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED 153 B  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? yes DATE OF Nov. 5<sup>th</sup>, 1928

WAS THERE AN AUTOPSY? yes  
 WHAT TEST CONFIRMED DIAGNOSIS? autopsy  
 (Signed) George S. Littell, M. D.

11-10, 1928 (Address) St. Louis Children's Hosp.

\*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 Body released to Washington University dept of Pathology DATE OF BURIAL 11-28  
 20. UNDERTAKER for Anatomical Purposes ADDRESS 11-9-28

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

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.

