

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

Do not use this space.

12845

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis, Mo.**

(Name of Hospital) **St. Lukes Hospital**

File No.....

Registered No. **3386**

St. \_\_\_\_\_ Ward)

**2. FULL NAME**

**Baby Higgett**

(a) Residence. No. **416 Edgewood Drive**, St. \_\_\_\_\_  
(Usual place of abode)

**12** Ward.

**St. Louis Co. Mo**  
(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)

**single**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **March 15, 1929**

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**2 days**

**2 days**

8. OCCUPATION OF DECEASED

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

**At home**

(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 **Hiram S. Higgett**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Bevego**

(STATE OR COUNTRY)

**Kansas**

12. MAIDEN NAME OF MOTHER **Lucille Gardner**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **St. Louis**

(STATE OR COUNTRY)

**Missouri**

14.

INFORMANT

(Address) **Hiram S. Higgett**  
**416 Edgewood Drive Clayton Mo**

15.

FILED

**MAR 18 1929**

**Atty C. Stanley**  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **3-17-1929**

17.

I HEREBY CERTIFY, That I attended deceased from

**3-15-1929**, to **3-18-1929**

that I last saw **alive** on **3-18-1929**, and that death occurred, on the date stated above, at **11:47 P.M.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Pre-maturity (5 weeks)**

**160 lbs**

**157 lbs**

**161 lbs**

(duration)

yrs.

mos.

da.

CONTRIBUTORY (SECONDARY)

**Intra-cranial hemorrhage**  
**atelectasis**

(duration)

yrs.

mos.

da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

**St. Lukes Hospital**

DID AN OPERATION PRECEDE DEATH. **NO** DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? **yes**

WHAT TEST CONFIRMED DIAGNOSIS?

**Smears, smectans**

(Signed)

**Christ D. Keefe**

M. D.

**3-18-1929 (Address) 718 Beaumont Medical 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

DATE OF BURIAL

**Valdalle Crematory**

**March 19 1929**

20. UNDERTAKER

ADDRESS

**Wagoner Undertaking Co.**

**3621 Olive 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.

