

MAR 2 1930

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

Do not use this space.

6272

1. PLACE OF DEATH

County St. Louis
Township Central
City St. Louis

Registration District No. 289
Primary Registration District No. 60338
(No. 6404 Dawson Pl)

File No. _____
Registered No. 48
St. _____ Ward _____

2. FULL NAME

Infant Zlotopolski
(a) Residence. No. 6404 Dawson Pl St. _____ 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 Female
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) Feb 11 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
22

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 Mo.
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Wm. Zlotopolski
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mass.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER May Briziginiski
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mass.
(STATE OR COUNTRY)

14. INFORMANT Mrs. Wm. Zlotopolski
(Address) 6404 Dawson Pl

15. FILED 3/12 1930 Yolla Bruce M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 11 1930
17. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1930, to Feb 11, 1930, that I last saw him alive on Feb 11, 1930, and that death occurred, on the date stated above, at 4:00 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature Birth
159
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Asphyxia
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED HOA
IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) M. Schumacher M. D.
2/12 1930 (Address) 6815 N. Harrison

*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 Calvary Cemetery
DATE OF BURIAL 2-12 1930

20. UNDERTAKER Geo. L. Pleitsch
ADDRESS 5966 Easton Ave

May Briziginiski

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.

6875^a 98. *F. ...*

10-11