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.

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

Do not use this space.

10525

1. PLACE OF DEATH

County ..... Registration District No. 731 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 2513

City St Louis (No. Lutheran Hospital St. ..... Ward)

2. FULL NAME Infant Gilmore

(a) Residence. No. 4378 Laclede ave St. 19 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	white	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 11 - 1930

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, 4 hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(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) St Louis

PARENTS

10. NAME OF FATHER Verba Gilmore

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

12. MAIDEN NAME OF MOTHER Loretta Kaufmann

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Missouri

14. INFORMANT Verba Gilmore
(Address) 4378 Laclede ave

15. FILED ....., 19 Max C. Parker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 11 1930

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to Mar. 11, 1930 that I last saw her alive on Mar. 11, 1930 and that death occurred, on the date stated above, at 4:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
born prematurely
159
16 (a)
..... (duration) — yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) .....
— (duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
0 DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? none

3/11/30 (Signed) Wm. R. Nye, M. D.
, 19 (Address) 2946 Gravois ave

*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
Mt. Zion Creve Coeur Mo	Mar 13 1930

20. UNDERTAKER	ADDRESS
Thos Kutis	2906 Gravois