

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

Do not use this space.

10540

**1. PLACE OF DEATH**

County.....  
Township Lutheran Hospital Registration District No. 791  
City St. Louis, Mo. (No. Lutheran Hospital) Primary Registration District No. 1003

File No. ....  
Registered No. 2528  
St. .... Ward)

**2. FULL NAME** Baby Thomas - (Female)

(a) Residence, No. 730 Murdock ave. St., 24 Ward. (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>March 12 - 1930</u>		
7. AGE YEARS <u>—</u>	MONTHS <u>—</u>	DAYS <u>—</u>
If LESS than 1 day, only hrs. or mins.		

8. OCCUPATION OF DECEASED

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

(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)

10. NAME OF FATHER Albert Thomas

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis Mo.  
(STATE OR COUNTRY) Shrewsbury park

12. MAIDEN NAME OF MOTHER Lila Maddox

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pillmore, Ill.  
(STATE OR COUNTRY)

14. INFORMANT Albert Thomas (alderick)  
(Address) 7310 Murdock shrewsbury missouri

15. FILED May 2 1930  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 12 - 1930

17. I HEREBY CERTIFY, That I attended deceased from 3-12-1930, to 3-12-1930, and that I last saw h. — alive on 1930, and that death occurred, on the date stated above, at 1:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Premature

159

CONTRIBUTORY (SECONDARY) 16/10  
(duration) yrs. mos. ds.

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED —

IF NOT AT PLACE OF DEATH —

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WHAT TEST CONFIRMED DIAGNOSIS —

(Signed) Arthur W. Westray, M. D.  
3-12-1930 (Address) White, Gloucs, Mo

\*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 Shilohs Ill DATE OF BURIAL Mar 3 1930

20. UNDERTAKER Parker and co ADDRESS webster street

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.

