

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

Do not use this space.

14011

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 2
City St. Louis, Mo. (No. City Hospital # 2)

File No.
Registered No. 3323
St. Ward)

2. FULL NAME

Baby Lemmons
(a) Residence. No. 2927 Dayton St. Ward. 21
(Usual place of abode)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>col.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>-</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>3-21-30</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>-</u>	<u>-</u>	<u>10</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work nil
(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 Lemuel Lemmons
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Lucy Lindon
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ark.
(STATE OR COUNTRY)

14. INFORMANT H. Bertrude Creath
(Address) City Hospital # 2

15. FILED Mar 21 1930
REGISTRAR Wm C Starks

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-1-1930
17. I HEREBY CERTIFY, That I attended deceased from 3-21-1930 to 4-1-1930, and that I last saw him alive on 4-1-1930 and that death occurred, on the date stated above, at 3 AM.
THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Inanition
1175
CONTRIBUTORY (SECONDARY) Acute Gastro-Enteritis
(duration) yrs. mos. 2 ds.
(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRAICTED 113B
IF NOT AT PLACE OF DEATH.
DID AN OPERATION PRECEDE DEATH? NO DATE OF -
WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) A. E. Hale, M. D.
4/21/1930 (Address) City Hospital # 2

*State the DISEASE CAUSING DEATH, 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 Washington Park
DATE OF BURIAL 4/3 1930

20. UNDERTAKER Ellis Funeral Home
ADDRESS 2870 Stoddard St.

WITH IMPAGING 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.

