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

Do not use this space.

17388

File No. 4454

Registered No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

City St Louis Mrs. (No. 6737 Arsenal St St. Ward)

2. FULL NAME Frank L Threewitt Jr.

(a) Residence. No. 6737 Arsenal St St., 3 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)
M	W	Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April-8-1930

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		26	

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

PARENTS

10. NAME OF FATHER J L Threewitt

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

12. MAIDEN NAME OF MOTHER Margarette Davis

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

14. INFORMANT J L Threewitt
(Address) 6737 Arsenal St

15. FILED 19 [illegible]
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 4 1930

17. I HEREBY CERTIFY, That I attended deceased from May 4th 1930, to May 4 1930, that I last saw him alive on May 4 1930, and that death occurred, on the date stated above, at 9 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Edema Neonatorum

16 hr (duration) — yrs. — mos. 14 ds.

CONTRIBUTORY (SECONDARY) 160 (duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Henry L. Field, M. D.

, 19 (Address) 6833 Beaulan 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
SS Peter & Paul	5-6 1930
20. UNDERTAKER	**ADDRESS**
Croghan Und. Co	7146 Manchester

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.