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.

41231

File No. 11900

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. 1818 N. Grand Ave St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Infant of Warren + Ethel Flowers

(a) Residence. No. 1818 N Grand St. Blv 11 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 19 - 1930

7. AGE: [illegible] YEARS | MONTHS | DAYS | If LESS than 1 day, 1 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) St Louis
(STATE OR COUNTRY) MO

PARENTS

10. NAME OF FATHER Warren Flowers

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

12. MAIDEN NAME OF MOTHER Ethel Fox

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

14. INFORMANT Warren Flowers
(Address) 1818 N. Grand Blv

15. FILED DEC 22 1930 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 19 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1930, to Dec 19, 1930 that I last saw him alive on Dec 19, 1930, and that death occurred, on the date stated above, at 9 30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

159 Premature birth (Cause Unknown) 6½ mo.
(duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED?

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) J. O. Peeler M. D.

12/20, 1930 (Address) 2505 No 15th

*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: St John N.

DATE OF BURIAL: 12/20 1930

20. UNDERTAKER: [illegible] Lesdner & Co.

ADDRESS: 1417 N. Market

Dr Pierce
25.05.1957