

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

Do not use this space.

15617

**1. PLACE OF DEATH**

96 County St. Louis  
Township Central  
City Richmond, Mo. (No. St. Mary Hospital)

Registration District No. 1170  
Primary Registration District No. 6248X

File No. \_\_\_\_\_  
Registered No. 96  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. \_\_\_\_\_  
(Usual place of abode) St. Mary Hospital Ward Alton Ill.  
(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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-5-1931

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, 2 hrs. or min.  
— — — — 2 — —

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Stillborn  
(b) General nature of industry, business, or establishment in which employed (or employer) Infant  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo.  
(STATE OR COUNTRY) Mo

**PARENTS**  
10. NAME OF FATHER William Roper  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo  
12. MAIDEN NAME OF MOTHER Louise Meisner  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Alton Ill.

14. INFORMANT William Bauer  
(Address) Alton Ill.

15. FILED 4/6, 1931 L B Jensen REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 5 1931

17. I HEREBY CERTIFY, That I attended deceased from Apr 5, 1931, to Apr 5, 1931, that I last saw him alive on Apr 5, 1931, and that death occurred, on the date stated above, at 4 A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
159  
161A Atelectasis  
(duration) (lived 2 hrs.) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) premature child  
very young of 28 weeks  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_

IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) J. W. Sulzmann, M. D.

Apr 6, 1931 (Address) 4247 S. Grand

\*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 Alton Ill. DATE OF BURIAL 5/7 1931

20. UNDERTAKER Bauer & Doehn ADDRESS Alton Ill.

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.

MAY 27 1931

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

