

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

Do not use this space.

19799

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003E

City..... *St. Louis Mo*

(No. *St. Louis Mat. Hosp.*)

File No.....

Registered No.....

5814

St..... Ward.....

2. FULL NAME

Infant E chest

(a) Residence No..... *16705 Hancock* 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

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) *5-3-31*

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, *3* hrs. *15* min.

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

*1600
159
161*

9. BIRTHPLACE (CITY OR TOWN)..... *St. Louis Mo*

(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER

Joseph E chest

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....

(STATE OR COUNTRY)

New York

12. MAIDEN NAME OF MOTHER

Lue Carver

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....

(STATE OR COUNTRY)

Bismarck Mo. 1

14.

INFORMANT

(Address)

*Joseph E chest
16705 Hancock*

15.

FILED

*21 31
1951*

Max C Starck

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

May 3 1951

17.

I HEREBY CERTIFY, That I attended deceased from.....

5-3-1951, to *5-3-1951*, 19*51*

that I last saw h. b. t. alive on *5-3-1951*, 19*51*, and that death occurred, on the date stated above, at *8:20* a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Prematurity (7 mo.)

subd. cranial haemorrhage

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. da.

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? *no*

DATE OF.....

WAS THERE AN AUTOPSY? *yes*

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) *A. N. Harrison*, M. D.

, 19 (Address) *St. Louis Mat. Hosp.*

*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

Washington University 5-3-1951

20. UNDERTAKER

ADDRESS

Dept. Pathology specimen

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.

115