

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

Do not use this space.

✓ 39478

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City St. Louis, Missouri (No. 1 - St. Louis Children's St. _____ Ward)

File No. _____
Registered No. **11668**

2. FULL NAME Baby Shank's

(a) Residence. No. 15928 Minerva St. 6 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) Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-8-31

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

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer) Child
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Henry Shank's
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis, Mo.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Lydia Barnett
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Wyoming
(STATE OR COUNTRY)

14. INFORMANT M. Merasch
(Address) 520 S. Kingshighway

15. FILED NOV 23 1931 Max C. [Signature]
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-8 1931

17. I HEREBY CERTIFY, That I attended deceased from 11-8, 1931, to 11-8, 1931
that I last saw h. alive on 11-8, 1931, and that death occurred, on the date stated above, at 2:25 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature Birth

157 (duration) yrs. mos. 1/2 ds.

CONTRIBUTORY (SECONDARY) 159 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH... 5928 Minerva

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? examination
(Signed) J. Adams M. D.
, 19 500 S. Kingshighway (Address)

*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 Assigned to Wash. University Dept. of Pathology for anatomical studies DATE OF BURIAL 11-8-1931

20. UNDERTAKER Assigned as Specimen ADDRESS

WRITE PLAINLY, WITH UNFADING 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.

