

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

Do not use this space.

42518

File No. _____
Registered No. **12430**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. 701
Township _____ Primary Registration District No. 1006
City St. Louis (No. City Hospital)

2. FULL NAME

(a) Residence, No. 2210 Cass Street Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred Life mos. da. 9 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 6 - 1931</u>		
7. AGE	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, <u>14</u> hrs. or <u>15</u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>nil</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Missouri</u>		
FATHER	13. NAME <u>Otis Faddis</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Whitesville Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Myrtle Mead</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Duquoin Ill.</u>	
17. INFORMANT (ADDRESS) <u>Hospital Information City Hospital</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Louis Fifth</u> DATE <u>12-17-31</u>		
19. UNDERTAKER (ADDRESS) <u>Shannon Undertaker May St. Louis</u>		
20. FILED <u>11-100-19</u> Registrar <u>[Signature]</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 7th, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 6th, 1931, to Dec. 7th, 1931
I last saw him alive on Dec. 7th, 1931. Death is said to have occurred on the date stated above, at 9:50a.m.
The principal cause of death and related causes of importance were as follows:
Prematurity (6 months), 159
Other contributory causes of importance: 159

Name of operation _____ Date of _____
What test confirmed diagnosis? clear Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) [Signature], M. D.
(Address) City Hospital

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.

MARGIN RESERVED FOR BINDING

W. H. L. S.