

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

Do not use this space.

6463

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 1003
City St. Louis No. City Hospital

File No.
Registered No. 1502
St. Ward)

18938 Baby Willingham

(a) Residence, No. 2716 Ann St., 43 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 8-1932
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil
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) St. Louis (STATE OR COUNTRY) Missouri

MOTHER 13. NAME Harvey Willingham

14. BIRTHPLACE (CITY OR TOWN) Mexico (STATE OR COUNTRY) no

15. MAIDEN NAME Frene Brown

16. BIRTHPLACE (CITY OR TOWN) Williamsville (STATE OR COUNTRY) no

17. INFORMANT Hospital Information (ADDRESS) City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE 2-16-1932

19. UNDERTAKER H. Willingham (ADDRESS) 1710 Ann St.

20. FILED FEB 16 1932 W. C. Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8th, 1932 to Feb. 10th, 1932
I last saw her alive on Feb. 10th, 1932 Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:

159
Prematurity
(7 1/2 months)
Other contributory causes of importance:
157

Name of operation Date of
What test confirmed diagnosis? 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 (1)

24. Was disease or injury in any way related to occupation of deceased?
If so, specify 1710 Ann St.
(Signed) W. C. Starkey, 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.

Willingham