

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.

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

Do not use this space.

11167

1. PLACE OF DEATH

County.....
Township.....
City, *St. Louis Mo*

Registration District No. **791**
Primary Registration District No. *ST. LOUIS*
(No. *St. Louis West High*)

File No.....
Registered No. **3731**
St. Ward)

2. FULL NAME

Infant Davidson
(a) Residence, No. *7764 Wase Ave* *St. Louis 12* Ward. *St. Louis Co. Mo*
(Usual place of abode)
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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>New born</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>March 22 1932</i>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, <i>9</i> hrs. or <i>9</i> min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

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

FATHER 13. NAME *Paul W. Davidson*

FATHER 14. BIRTHPLACE (CITY OR TOWN) *St. Louis Mo*
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME *Mildred Edgely*

MOTHER 16. BIRTHPLACE (CITY OR TOWN) *St. Louis Mo*
(STATE OR COUNTRY)

17. INFORMANT *Paul W. Davidson*
(ADDRESS) *7764 Wase Ave*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Assigned as specimen to* DATE *3-22-1932*

19. UNDERTAKER *Dept. of Pathology of Washington Univ. Med. School*
(ADDRESS)

20. FILED *APR 18 1932* Registrar

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3-22-1932*

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Prematurity
159 / 159
Other contributory causes of importance:
1

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) *M. Klein*, M. D.

(Address) *630 S. Kingshighway*

