

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

Do not use this space.

21510

**1. PLACE OF DEATH**

County..... Registration District No. 701  
 Township..... Primary Registration District No. 701  
 City St. Louis, Mo. (No. 7325 Pennsylvania) (Ward) 6077

**2. FULL NAME** Infant Mitchell

(a) Residence, No. 7325 Pennsylvania St. 1 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 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) June 28, 1932  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. \_\_\_\_\_  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
 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, 1  
 (STATE OR COUNTRY) Missouri.

13. NAME John Mitchell

14. BIRTHPLACE (CITY OR TOWN) 2  
 (STATE OR COUNTRY) Kansas

15. MAIDEN NAME Theresa De Becker

16. BIRTHPLACE (CITY OR TOWN) 1  
 (STATE OR COUNTRY) Missouri.

17. INFORMANT John Mitchell  
 (ADDRESS) 7325 Minnesota &

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olive DATE 6-29-1932

19. UNDERTAKER Southern  
 (ADDRESS) 6320 W. Grand Blvd

20. FILED LN 29 1932 May C. Stankers Registrar. 6/29/32

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from No Physician Attended 19   to 19  

I last saw h..... alive on..... Death is said to have occurred on the date stated above, at 12:50 P. m.

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

Premature Birth  
About 6 Mo. Gest.  
15 @ cause Unknown

Other contributory causes of importance:

Name of operation 154 Date of (7)

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) J. W. Kerner M.D.  
Dip. Coroner

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.

V. NO. 2

MACHINE RESERVED FOR BINDING

1971-1-1-1-1-1