V. S. No. 2

MARGIN RESERVED FOR BINDING

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.

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

Do not use this space.

24013

1. PLACE OF DEATH

96 County St Louis — Registration District No. 790 — File No.

2 Township Central — Primary Registration District No. 6033 — Registered No.

7 City Clayton (No. St Louis County Hospital St. Ward)

2. FULL NAME Baby Tomalas (Tomlos)

(a) Residence, No. 4680 Aldenburg St., Ward. (If nonresident, give city or town and State)
(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 Mal — 4. COLOR OR RACE white — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-3-32

7. AGE — YEARS — MONTHS — DAYS 11 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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) Clayton, Mo. St Louis Mo

FATHER

13. NAME Henry Tamalas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 4680 Aldenburg St Louis Co.

MOTHER

15. MAIDEN NAME Alice Wright

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

17. INFORMANT (ADDRESS) Mother

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Picker DATE July 14 1932

19. UNDERTAKER (ADDRESS) E. J. Schnur 31 25 Lafayette

20. FILED July 14 1932 K. W. Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-3-32, 1932, to 7-13-32 p.m. 1932

I last saw her alive on 7-13-32 2 p.m. 1932. Death is said to have occurred on the date stated above, at 3 p.m.

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

prematurity 6½ months — Date of onset

159

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Other contributory causes of importance:

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

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. A. Rogers, M. D.

(Address) St Louis County Hosp