

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

Do not use this space.

30782

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City St. Louis (No. City Hospital)

9773

2. FULL NAME

(a) Residence, No. 1813 Wash St. 21 Ward.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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) Sept. 9-1932

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 40 hrs.

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

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) St. Louis Missouri

13. NAME Clifford Frost

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charleston Illinois

15. MAIDEN NAME Helen Paschal

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Van Dale Illinois

17. INFORMANT (ADDRESS) Hospital information City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE POTTERS DATE 9-22-32

19. UNDERTAKER (ADDRESS) Thompson

20. FILED SEP 21 1932 Max C. Stank Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 9th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 9th, 1932, to Sept. 9th, 1932
I last saw him alive on Sept 9th, 1932. Death is said to have occurred on the date stated above, at 1:50 PM
The principal cause of death and related causes of importance were as follows:

Premature (7 months)
159
159
Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? clinical 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) Henry D. ... M. D.

(Address) City Hospital #1

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.

11-05