

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1000**
 City..... (No. **1000**) St. **St. Louis** Ward **10**

File No. **3873**
 Registered No. **272**

2. FULL NAME

Infant of Mrs. Helen Triscoll
 (a) Residence, No. **51059** Street, **6** Ward. (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 Wh	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) 10-6-1937		
AGE	YEARS	MONTHS
15	15	15
7. OCCUPATION Remotely		
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) St. Louis		
13. NAME Father of Triscoll		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis		
15. MAIDEN NAME Helen Triscoll		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis		
17. INFORMANT (ADDRESS) H. Triscoll		
18. BURIAL, CREMATION, OR REMOVAL PLACE Camaro		
19. UNDERTAKER (ADDRESS) Charles Stuebel		
20. FILED 11-9-1939		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 6, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **1-6**, 19**38**, to **1-6**, 19**38**.
 I last saw h..... alive on..... 19**38**. Death is said to have occurred on the date stated above, at **11:30** a.m.
 The principal cause of death and related causes of importance were as follows:
acute myocarditis
(premature birth)
about 6 1/2 months gestation
abruptio placentae

Other contributory causes of importance:
about 6 1/2 months gestation

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) **Tercy H. Swahless** M. D.
 (Address) **Metropolitan Bldg. St. Louis**

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.

