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.

VPS. NO. 2

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

Do not use this space.

3481

791
1003

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City St Louis (No. City Hospital St. ..... Ward)

File No. .....

Registered No. 408

#16992

2. FULL NAME Baby De Bruler

(a) Residence, No. 4131 Westminster St. Ward 19
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Life yrs. 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) Jan. 2 - 1933

7. AGE YEARS MONTHS DAYS 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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 Mo.

FATHER

13. NAME Archie De Bruler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fordsville Ky.

MOTHER

15. MAIDEN NAME Helen Sanders

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alton Ill

17. INFORMANT (ADDRESS) Hospital Information Grace Kopp City Hospital

18. BURIAL, CREMATION, OR REMOVAL

PLACE City Crematory DATE 1 - 14 - 1933

19. UNDERTAKER (ADDRESS) V. E. Shanon 1426 Carroll

20. FILED JAN 11 1933 Max C Standley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 6th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2nd, 1933, to Jan. 6th, 1933

I last saw him alive on Jan. 6th, 1933 Death is said to have occurred on the date stated above, at 10:15 PM

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

Premature (8 months) | Date of onset

159 159

Other contributory causes of importance

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

What test confirmed diagnosis? Clinical Was there an autopsy? yes

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 Dunst, M. D.

(Address) City Hospital

De Bruler