

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.

1. PLACE OF DEATH

County Registration District No. 1580T
Township Primary Registration District No. 507ms
City St. Louis (No. City Hospital)

File No. 3759
Registered No. 715
St. Ward)

2. FULL NAME

(a) Residence, No. 1815^a So. 8th St. 23 Ward.
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 19-1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 7 1/2 - 8 months

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

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 Albey Bayles

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bond Terre

15. MAIDEN NAME Helen Meltzer

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

17. INFORMANT (ADDRESS) Hospital information City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Dome Israel DATE Jan 20 1933

19. UNDERTAKER (ADDRESS) Wm. McLaughlin 1631 Washington Ave

20. FILED JAN 20 1933 W. C. FANDEL Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 19th 1933

22. I HEREBY CERTIFY That I attended deceased from Jan. 19th 1933 to Jan. 19th 1933
I last saw her alive on Jan. 19th 1933 Death is said to have occurred on the date stated above, at 7:15 P.M.
The principal cause of death and related causes of importance were as follows:
Prematurity
7 1/2 - 8 months
157
Other contributory causes of importance: 157

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
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) Wm. C. Kirchner, M.D.
(Address) City Hospital

Bayles

