

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

Do not use this space.

11553

1. PLACE OF DEATH

County.....

Registration District No. 791

File No.

Township.....

Primary Registration District No. 791

Registered No. 2628

City St. Louis, Mo. (No.)

Deaconess Hospital St.

Ward)

2. FULL NAME

(a) Residence. No. St. 4 Ward. New Haven, Mo.

(Usual place of abode)

(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 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) 3-16-1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 12 hrs. and 30 min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Cecil Leslie Smallfelt

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Francesville
(STATE OR COUNTRY) Indiana

12. MAIDEN NAME OF MOTHER Edna Katherine Attheide

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) New Haven
(STATE OR COUNTRY) Missouri

14. INFORMANT Cecil Leslie Smallfelt
(Address) New Haven, Mo.

15. FILED 29 1933 Walter Starbuck REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-16 1933

17. I HEREBY CERTIFY, That I attended deceased from Mon 16, 1933, to Mon 16, 1933 that I last saw h. or alive on Mon 16, 1933, and that death occurred, on the date stated above, at 9:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: P.M.

Prematurity.

CONTRIBUTORY 3. Terrestrial hemorrhage (SECONDARY) at birth (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH. no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings
(Signed) Matthew W. Weber M. D.

. 19 (Address) Metropolitan Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New Haven, Mo. DATE OF BURIAL 3-20 1933

20. UNDERTAKER Lola Fertig ADDRESS New Haven, Mo.

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.

