

**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. 1003

Township .....

City Registration District No. 1003

City St. Louis, Mo.

(No. St. Louis Market Hwy.)

File No. 24820

Registered No. 6230

St. .... Ward)

**2. FULL NAME**

Infant Hooker

(a) Residence, No. 2658 Lucas Ave. St. 7 Ward.

(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 Colored 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) July 8, 1933

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

OCCUPATION 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 Mo

13. NAME Neal Hooker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Silvercreek, Miss.

15. MAIDEN NAME Lillian Jackson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Silvercreek, Miss.

17. INFORMANT Neal Hooker (ADDRESS) 2658 Lucas Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE specimen to Prof DATE 7-8 1933

19. UNDERTAKER (ADDRESS) Dept of Pathology

20. FILED 19 7-8 J. Bredebeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-8 1933

22. I HEREBY CERTIFY, That I attended deceased from

19... to 19...

I last saw him alive on ... 19... Death is said

to have occurred on the date stated above, at 545 a m.

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

Intestinal hemorrhage Date of onset July 8, 1933  
1003

Other contributory causes of importance:

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

What test confirmed diagnosis?..... 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.....

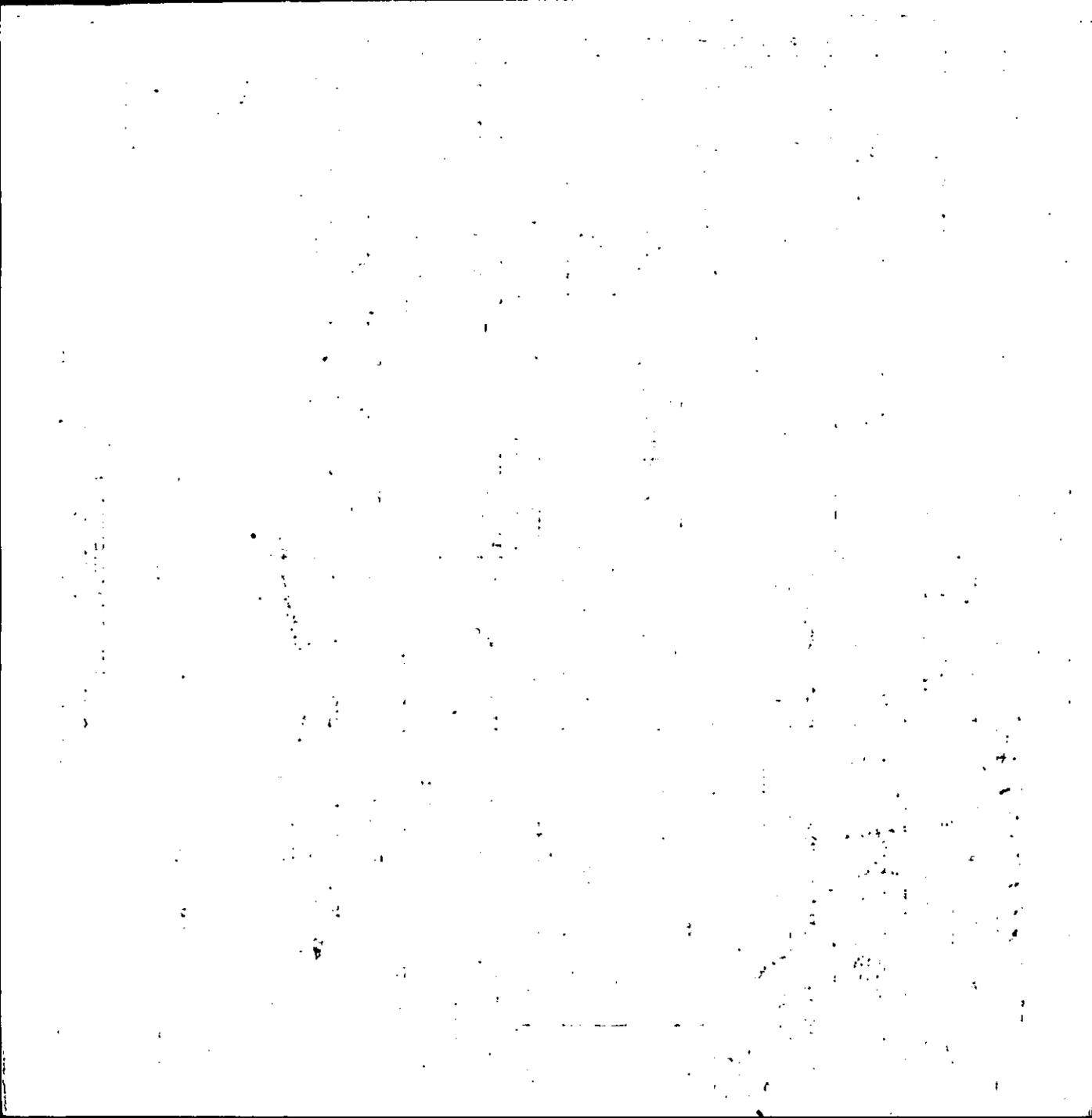
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify

(Signed) Ed Bickel M. D.

(Address).....



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. .... St. .... Ward)

File No. ....  
 Registered No. 6230

**2. FULL NAME**

(a) Residence, No. .... St. .... Ward. ....  
 (Usual place of abode)  
 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 ..... 4. COLOR OR RACE ..... 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) .....

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 3 hrs. or 25 min.

OCCUPATION  
 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) .....

FATHER  
 13. NAME Neal Hooker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Silverbrook, Miss.

MOTHER  
 15. MAIDEN NAME Lillian Jackson

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

17. INFORMANT (ADDRESS) .....

18. BURIAL, CREMATION, OR REMOVAL PLACE ..... DATE ..... 19.

19. UNDERTAKER (ADDRESS) .....

20. FILED 9 1333 19 1933 J. F. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said

to have occurred on the date stated above, at ....., m.

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

Asphyxia neonatorum  
(Breach Delivery, No forceps)  
 Date of onset .....

Other contributory causes of importance:

Slight degree of tentorial tearing, bilateral, without hemorrhage.

Name of operation Breach extraction Date of 7/8/35

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in under 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? No

If so, specify .....

(Signed) A. H. Klein, M. D.

(Address) 630 S. Kings Highway

S-24820