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.

Staten & Hemphill Funeral Home

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

Do not use this space.

1. PLACE OF DEATH
County St Louis — Registration District No. 790 — File No. 27580
Township Central — Primary Registration District No. 6033 — Registered No.
City Clayton (No. St Louis County Hospital St. Ward)

2. FULL NAME Baby Gaylor LoR
(a) Residence, No. 742 Cornell Webster 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 Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Newborn
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Newborn
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-28-33
7. AGE — YEARS — MONTHS — DAYS 7 — 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) Clayton Mo

FATHER
13. NAME Maryland Gaylor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Labadie Mo

MOTHER
15. MAIDEN NAME Allise Hollins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Miss

17. INFORMANT (ADDRESS) Allie Hollins Gaylor 742 Cornell - Webster
18. BURIAL, CREMATION, OR REMOVAL
PLACE Letter Dixon DATE 8-10 1933
19. UNDERTAKER (ADDRESS) Staten & Hemphill Orchard Ave & Big Bend Kirkwood Mo
20. FILED Aug 9, 1933 K. W. Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-3, 1933
22. I HEREBY CERTIFY, That I attended deceased from 7-28, 1933, to 8-3, 1933
I last saw her alive on 8-3, 1933. Death is said to have occurred on the date stated above, at 12:15 noon.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
1600	
159	

Other contributory causes of importance:
Probably delayed cerebral hemorrhage

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) R B Karn, M. D.
(Address) St. Louis Co. Hospital