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

Do not use this space.

34502

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 8654

City St. Louis (No. 5337 Theodosia Ave. St. ..... Ward)

2. FULL NAME Infant Hooton

(a) Residence, No. 5337 Theodosia Ave. St., 6 Ward. (If nonresident, give city or town and State)
(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)
Female	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4th, 1933

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, 12 hrs. or ..... min.
—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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 Ernest Hooton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Myrtle Cortway

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Ernest Hooton 5337 Theodosia Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bethany Cem. DATE Oct. 5th, 1933

19. UNDERTAKER (ADDRESS) Dahmann Hansel 1905 Union Blvd.

20. FILED OCT 4 1933 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 3, 1933 to Oct. 4, 1933

I last saw her alive on Oct 4, 1933 Death is said to have occurred on the date stated above, at 2:25 P m.

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

Labor Hypostatic Pneumonia — Date of onset Oct 4/33

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Other contributory causes of importance:

—

9

Name of operation — Date of .....

What test confirmed diagnosis? Physical Findings 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 ....., 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) F. L. Gibbs, M. D.

(Address) 5298 Page.