

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.

JAN 26 1934

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

Do not use this space.

1. PLACE OF DEATH De Paul Hospital 791
 County St. Louis, Mo. Registration District No. 1003
 Township St. Louis, Mo. Primary Registration District No. _____
 City St. Louis, Mo. _____
 2. FULL NAME Baby Doree Irwin #1
 (a) Residence, No. 4401 Clarence Ave. Ward. 9
 (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.

41528
 File No. _____
 Registered No. 10535
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	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) <u>Dec. 7, 1933</u>				
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) <u>St. Louis</u>				
FATHER	13. NAME <u>Belmont Doree</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>			
MOTHER	15. MAIDEN NAME <u>Margaret Goodwin</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>			
17. INFORMANT <u>Mrs. Doree</u> (ADDRESS) <u>4401 Clarence Ave.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>Dec 14</u> 19 <u>33</u>				
19. UNDERTAKER <u>St. Charles Undertakers</u> (ADDRESS) <u>4600 North Broadway</u>				
20. FILED <u>26-8-1933</u> <u>J.P. Bredeck</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1933 to Dec 7, 1933
 I last saw him alive on Dec 7, 1933 Death is said to have occurred on the date stated above, at 4:00 p.m.
 The principal cause of death and related causes of importance were as follows:
Prematurity (6 mos) Date of onset 1933
 Other contributory causes of importance: MSA

Name of operation _____ Date of _____
 What test confirmed diagnosis Direct 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) S. M. Royden, M. D.
 (Address) 1512 E. Blvd

