JAN 26 1934

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

Do not use this space.
41652

1. PLACE OF DEATH

County ..... Registration District No. 7801

Township ..... Primary Registration District No. 7803

City St Louis Mo (No. ....., ... St. ..... Ward)

File No. .....
Registered No. 19672

2. FULL NAME Infant Hebert

(a) Residence, No. 2923 Howard St St., 20 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): 1

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 2-1933

7. AGE: Years | Months | Days | If LESS than 1 day, 6 hrs. or 20 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) St Louis Missouri (STATE OR COUNTRY)

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Belle Hebert
16. BIRTHPLACE (CITY OR TOWN) St Louis Mo (STATE OR COUNTRY)

17. INFORMANT Belle Hebert (ADDRESS) 2923 Howard St

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Univ DATE Dec 2 1933

19. UNDERTAKER Pathology Dept. (ADDRESS)

20. FILED DEC 12 1933 19 J. F. Bredeck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1933, to Dec 2, 1933

I last saw h.e.r. alive on Dec 2, 1933. Death is said to have occurred on the date stated above, at 4:40 p.m.

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

	Date of onset
Prematurity	
34	
1 hr	
15	

Other contributory causes of importance:

Syphilis

Name of operation Caesarean Oper. Date of 12/2/33

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? No.
If so, specify

(Signed) H. L. Klemme, M. D.
(Address) 630 S. Kingshighway

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD