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.

FEB 27 1934

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

Do not use this space.

3407

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 1096

City St Louis (No. 8307 Polk St. ..... Ward)

2. FULL NAME Baby Nathaniel

(a) Residence, No. 8307 Polk St., 1 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: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 30. 1934

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, 5 hrs. or ..... min.
0	0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant
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: Howard Nathaniel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Vicksburg Miss.

MOTHER

15. MAIDEN NAME: Johanna Tucker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Vicksburg Miss.

17. INFORMANT (ADDRESS): Howard Nathaniel 8307 Polk St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oak Dale Cem DATE: Jan 30 1934

19. UNDERTAKER (ADDRESS): C. Hoffmeister U & L Co 4114 S. Broadway

20. FILED: JAN 30 1934 J. F. Bredick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1934 to Jan. 30, 1934
I last saw him alive on Jan. 30, 1934. Death is said to have occurred on the date stated above, at 11.30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth 6 mos	
151	

Other contributory causes of importance:

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ 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? ✓
If so, specify .....
(Signed) Geo. W. Bader, M. D.
(Address) 5836 E. Virginia