

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

Do not use this space.

MAY 25 1934

14586

1. PLACE OF DEATH

City St. Louis
Township City
City St. Louis

Registration District No. **791**
Primary Registration District No. **1003**
(No. Mo. Baptist Hosp.)

File No. _____
Registered No. **3772**
St. _____ Ward _____

2. FULL NAME

Baby Gerstein

(a) Residence, No. Mo. Baptist Hosp. St. _____ Ward _____

(Usual place of abode) 1421 Grandville Pl. 6 (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-14, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from 4-13, 1934 to 4-14, 1934

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-13-34

I last saw him alive on 4-14, 1934 Death is said to have occurred on the date stated above, at 2:30 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 20 hrs. or min.

0 0 0 0 20 hrs. 0 min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

Intra cranial hemorrhage Birth

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baby

16ap 6-16 Birth

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

15 Birth

Other contributory causes of importance: 16 Birth

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

Congenital atelectasis Birth

13. NAME Charles Gerstein

Name of operation no Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

What test confirmed diagnosis? X-ray Was there an autopsy? no

15. MAIDEN NAME Roslie J. Harris

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19_____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT Charles Gerstein (ADDRESS) 1421 Grandville Pl.

Specify whether injury occurred in industry, in home, or in public place. _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shel Smith DATE Apr-15-1934

Manner of injury _____ Nature of injury _____

19. UNDERTAKER Grandville Burial Directors Inc (ADDRESS) 434 E. 9th

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

20. FILED APR 10 1934

(Signed) H. M. Loewenstein, M. D.

J. Bredick Registrar.

(Address) Wall Bldg

CAUSE OF DEATH IN THIS STATE IS A PUBLIC HEALTH MATTER. BECAUSE OF THIS, THE PUBLIC HEALTH OFFICER HAS THE RIGHT TO OBTAIN ALL INFORMATION CONCERNING THE DEATH OF ANY PERSON IN THIS STATE.

#2

DEPARTMENT OF COMMERCE

E. T. McLaugh, M. D.,

St. Louis City

BUREAU OF THE CENSUS

Special Agent,

Jefferson City, Mo.

WASHINGTON

14586

3772

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: (Baby) Gerstein
Who died at No. [blank] on Apr 14 - 1934
Residence: No. [blank] St. [blank]
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years [blank] Months [blank] Days [blank]
Sex M Color or race W Single, married, widowed or divorced: [blank]

Date of birth [blank] Age: Years [blank] Months [blank] Days 20 hours

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month Nov Year [blank]

Birthplace (State or country) [blank]

Birthplace of father (State or country) [blank]

Birthplace of mother (State or country) [blank]

Principal cause of death: Intracranial hemorrhage
18 days premature -

Other contributory causes of importance Congenital atelectasis

Name of operation [blank] Date of [blank]

What test confirmed diagnosis? [blank] Was there an autopsy? [blank]

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? [blank] Date of injury [blank], 19 [blank]

Where did injury occur? [blank]
(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury [blank]

Nature of injury [blank]

Was disease or injury in any way related to occupation of deceased? [blank]

If so, specify [blank]

Name of physician H. M. Koewentzen

Address of physician 3909 Olive St. St. Louis Mo. (Wall Bldg.)

Signature of Registrar J. F. Bredeck 9-6-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 791

Primary Reg. Dist. No. 1003

Very truly yours,
E. T. McLaugh M.D.

Special Agent.

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

WATER RESOURCES DIVISION
NATIONAL CENTER FOR WATER RESOURCES RESEARCH

WASHINGTON, D.C. 20250

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REPORT OF THE NATIONAL CENTER FOR WATER RESOURCES RESEARCH
ON THE PROGRESS OF THE NATIONAL CENTER FOR WATER RESOURCES RESEARCH
DURING THE YEAR 1977

S-14586

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2. Objectives

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