

100M-11-24-33

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.

NOV 13 1934

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

Do not use this space.

37467

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City *St Louis* (No. *City*)

St. *St Louis* Ward

2. FULL NAME

(a) Residence, No. *11479*
(Usual place of abode)

Baby Vinkler
2704 Chippewa Ward *24*

(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 *m* 4. COLOR OR RACE *w* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*writes the word*) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 10-34*

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

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

13. NAME *Char Vinkler*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Apple Creek Mo*

15. MAIDEN NAME *Flora Vinschel*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Apple Creek Mo*

17. INFORMANT *Reop Luf M Reop* (ADDRESS) *City St Louis*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Apple Creek* DATE *Oct 20 1934*

19. UNDERTAKER *Mr. J. J. Brudeck* (ADDRESS) *1631 Missouri*

20. FILED *101-9193* *J. J. Brudeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 9 1934*

22. I HEREBY CERTIFY, That I attended deceased from *10-9*, 1934, to *10-9*, 1934.

I last saw him alive on *10-9*, 1934. Death is said to have occurred on the date stated above, at *8:40* a.m.

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

Premature New born
159

Other contributory causes of importance:

Name of operation Date of
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?
If so, specify
(Signed) *Robert Farrell*, M. D.
(Address) *City St Louis*

ALTON

