

NOV 3 1934

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

Do not use this space.

37573

1. PLACE OF DEATH

County St. Louis Registration District No. 791 BP
Township St. Louis Primary Registration District No. 1002
City St. Louis No. 2272 Shannon St. 23 Ward

File No. _____
Registered No. 10019
St. _____ Ward

2. FULL NAME NAOMI BAY(a) Residence, No. 2272 Shannon 23 Ward.

(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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Virgil Bay</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 11 - 1911</u>		
7. AGE	YEARS <u>23</u>	MONTHS <u>6</u>
	DAYS <u>29</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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>Missouri</u>		
FATHER	13. NAME <u>Jack Stash</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Viola Henry</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT (ADDRESS) <u>Virgil Bay</u> <u>2272 Shannon</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bunker, Mo</u> DATE <u>Oct 13</u> 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>G. H. McLaughlin</u> <u>2301 Lafayette Ave</u>		
20. FILED <u>11</u> 19 <u>34</u> <u>J. A. Brebeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10 1934, to Oct 10 1934
I last saw her alive on Oct 10 1934. Death is said to have occurred on the date stated above, at 7:25 P.M.
The principal cause of death and related causes of importance were as follows:
Puerperal Septicemia Date of onset 11:50
Child Birth

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) Otto C. Harpest M. D.
(Address) 3157 1/2 Park Ave

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.

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