

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.

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

Do not use this space.

FEB 8 1 1935

45333

1. PLACE OF DEATH

County.....
Township.....
City..... (No.)

Registration District No. 791
Primary Registration District No. 1003

File No. 351
Registered No. 351
St. Ward)

2. FULL NAME

Baby Sibella

(a) Residence, No. 1327 N 14th St., 25 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 M 4. COLOR OR RACE W 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) Dec 18, 34

7. AGE YEARS 0 MONTHS 0 DAYS 9 IF LESS than 1 day, hrs. or min.

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

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

15. MAIDEN NAME Ruth Davis

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

17. INFORMANT (ADDRESS) Hosp. St. Louis City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE 1/11/35

19. UNDERTAKER (ADDRESS) City of St. Louis

20. FILED 10 1935 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/27, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/18, 1934, to 12/27, 1934
I last saw him alive on 12/27, 1934 Death is said to have occurred on the date stated above, at 12:25 p.m.
The principal cause of death and related causes of importance were as follows:

Prematurity
159
Date of onset

Other contributory causes of importance

Name of operation Date of operation
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) W. F. Quattrone M. D.
(Address) City, Mo

