

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

Do not use this space.

MAR 15 1935

7350

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

File No. ....

Township.....

Primary Registration District No. **1003**

Registered No. **1775**

City St. Louis, Mo. - St. Louis (Children's Hosp. - 500 So. Kingshighway) Ward

**2. FULL NAME** Baby Boy Brock

(a) Residence, No. 5749 E. ca St. 7 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Life 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb - 11th 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min. 10

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

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 Everett

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

15. MAIDEN NAME Florence Richardson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ellwood, Ind.

17. INFORMANT C. Yost (ADDRESS) 500 So. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Charles DATE Feb 22 1935

19. UNDERTAKER Geo. J. Plestals (ADDRESS) 266 Easton Ave

20. FILED FEB 23 1935 J. H. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 21<sup>st</sup> 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19<sup>th</sup> 1935 to Feb. 21<sup>st</sup> 1935

I last saw him alive on Feb. 21<sup>st</sup> 1935 Death is said to have occurred on the date stated above, at 2:15 p.m.

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

Staphylococcus peritonitis  
Septic Infarcts of Liver & Spleen

Date of onset

2-16-35

7

Other contributory causes of importance:

Waters of breast  
Cause unknown

? 2-15-35

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? yes

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 W. Keller

(Signed) W. Keller, M. D.

(Address) 500 So. Kingshighway

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.

