

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.

APR 9 1935

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

Do not use this space.

11210

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **City Hospital No. 1**) St. Ward) **18032**

2. FULL NAME

Baby Madden
(a) Residence, No. **2612 1/2 N. Market st.** **20** Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 **female** 4. COLOR OR RACE **white** 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) **Jan 28, 1935**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 1 10
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, Missouri**

13. NAME **Unknown**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**
15. MAIDEN NAME **Daphne Madden**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

17. INFORMANT (ADDRESS) **Hospital Information WKent City Hospital No. 1**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **City Cemetery** DATE **3/29 30**

19. UNDERTAKER (ADDRESS) **W. F. Qualtrough**

20. FILED **APR 27 1935** 19 **J. Predeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 10 1935**
22. I HEREBY CERTIFY, That I attended deceased from **1/28/35**, 19... to **3/10/35**, 19...
I last saw h. er alive on **3/10/35**, 19... Death is said to have occurred on the date stated above, at **RECAP**
The principal cause of death and related causes of importance were as follows:

Prematurity
Les Congenital
34
Other contributory causes of importance:

Name of operation **Blud test** 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 **W. F. Qualtrough**, M. D.
(Signed) **W. F. Qualtrough**
(Address) **City Hospital No. 1**

