

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.

MAY 13 1935

15077

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City *St. Louis, Mo.* (No. *500 So. Kingshighway*)

File No.

Registered No. **3964**

2. FULL NAME *Baby Boy Preston*

(a) Residence, No. *4145 N. Beller St.* 11 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 *Male* 4. COLOR OR RACE *Colored* 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) *3/26/35*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. *16*

OCCUPATION 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.*

MOTHER 13. NAME *Dwight Preston*

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

15. MAIDEN NAME *Lela M. Brown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mississippi*

17. INFORMANT *J. Schwab* (ADDRESS) *500 So. Kingshighway*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Anatomical Bd.* DATE *April 21, 35*

19. UNDERTAKER (ADDRESS) *Body released to Dept. of Pathology of Washington University for Anatomical Purposes Registrar.*

20. FILER *1935*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4/12* 19 *35*

22. I HEREBY CERTIFY, That I attended deceased from *Mar 26* 19 *35*, to *April 12* 19 *35*

I last saw him alive on *April 12* 19 *35* Death is said to have occurred on the date stated above, at *2 1/2* m.

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

Prematurity

Date of onset *4/6/35*

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Other contributory causes of importance:

bronchopneumonia

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? *no*

If so, specify.....

(Signed) *J. J. Gandon*, M. D.

(Address) *St. Louis City, Mo.*

