

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

Do not use this space.

JUL 27 1935

21772

1. PLACE OF DEATH

County St. Louis Registration District No. 1170
 Town Central Primary Registration District No. 6248H.
 City Richmond Heights, Mo. St. Mary's Hospital,
6420 Clayton rd. St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 6018 Harton Place, St. 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/14/1935

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
7mo. premature. 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child
 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) 6018 Harton Pl.

13. NAME Thos. Loop

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

15. MAIDEN NAME Bernice Triplet

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

17. INFORMANT Cyrus Triplet

18. BURIAL, CREMATION, OR REMOVAL PLACE Elsbury Cem. DATE 6/15 1935

19. UNDERTAKER Edgerton Miller

20. FILED June 15 1935 Beatrice Porter Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/15/1935 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 4 am.

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

Inanition, premature, about 2 1/2 months. Mother belongs Elsbury, Mo. Came to St. Louis one day ago, stayed with one of her relatives when child was born, and from history.

Other contributory causes of importance:

born without professional help. Midwife was called, but didn't respond to call according to her

Name of operation _____ Date of _____
 What test confirmed diagnosis? Conger's view 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 _____

Where did injury occur? _____ Specify city or town, county, and State)
 Specify whether injury occurred in and stry 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) John B. Quinn 6/15/35 M. D.
 (Address) 3718 Jennings Pl.

From St. Louis Co., Mo.

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.

statement, and two or three hours after,
Dr. Pierce Reiley, was called and child
was sent to St. Mary's hospital, for the
purpose of incubation, child died at
4 am, 6/15/1935. From every evidence
spontaneous delivery, without professional
aid. Father of child living in Elsbury,
Mo. according to history and mother of
child came to St. Louis for purpose of
being delivered in one of the institutions,
in all probability due to the trip,
spontaneous delivery took effect.
Midwife: Emma Wädenbroke, 4115 Dryden.
Illigitimate child.

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5784