

AUG 9 1935

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

Do not use this space.

24647

1. PLACE OF DEATH

County.....
Township.....
City..... *St. Louis*

Registration District No. **791**
Primary Registration District No. **1003**
(No. *De Paul Hospital*)

File No.
Registered No. **6043**
St. Ward)

2. FULL NAME

Infant of Leslie and Melvina Poole

(a) Residence, No. *5376 a Maffett* St., *6* Ward.

(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 <i>F</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>July 15 - 1935</i>		
7. AGE	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, <i>3</i> hrs. or <i>30</i> min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation.
	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)	

12. BIRTHPLACE (CITY OR TOWN) *St. Louis Mo.*
(STATE OR COUNTRY)

FATHER 13. NAME *Leslie Poole*

FATHER 14. BIRTHPLACE (CITY OR TOWN) *Ill.*
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME *Melvina Miller*

MOTHER 16. BIRTHPLACE (CITY OR TOWN) *St. Louis*
(STATE OR COUNTRY)

17. INFORMANT *Leslie Poole*
(ADDRESS) *5376 a Maffett*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Memorial Park* DATE *July 15, 1935*

19. UNDERTAKER *Cullen & Kelly*
(ADDRESS) *1411 N. Taylor Ave.*

20. JUL 15 1935 19 *J. F. Bredech*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 15, 1935*

I HEREBY CERTIFY That I attended deceased from *July 15, 1935* to *July 15, 1935*

I last saw h. ex. alive on *July 15, 1935* Death is said to have occurred on the date stated above, at *9 A. m.*

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

Prematurity (6 1/2 mos)

Other contributory causes of importance: *159*

Name of operation *Clinical* Date of *July 15, 1935*
What test confirmed diagnosis *Clinical* 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

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) *L. M. Rordau*, M. D.
(Address) *515 N. 1st St. St. Louis*

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.

WITH OBTAINING THIS IS A PERMANENT RECORD

