

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

Do not use this space.

SEP 16 1935

25161

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

File No. **7284**

Township.....

Primary Registration District No. **1003**

Registered No. ....

City **St. Louis** (No. **4934**)

City **St. Louis**

St. .... Ward)

**2. FULL NAME**

**Baby McGlothlen**

(a) Residence, No. **Hollywood St.**  
(Usual place of abode)

St. **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.

**N.R.**

**Cornp Highway #50**

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX **M** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 11, 1935**

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

22. I HEREBY CERTIFY That I attended deceased from **6/30** 19**35** to **July 11, 1935**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 30 35**

I last saw **living** alive on **7/11**, 19**35** Death is said

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

to have occurred on the date stated above, at **3:45** p.m.

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

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

Date of onset

**Premature**  
**159**

Other contributory causes of importance:

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

13. NAME **Luz McGlothlen**

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

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

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

15. MAIDEN NAME **Hilda Herbig**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

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

Where did injury occur?..... (Specify city or town, county, and State)

17. INFORMANT **Dr. J. P. McHenry** (ADDRESS) **City St. Louis**

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE **City Cemetery** DATE **8/30/35**

Manner of injury.....

Nature of injury.....

19. UNDERTAKER **David Dan Toborn** (ADDRESS) **City St. Louis**

24. Was disease or injury in any way related to occupation of deceased? If so, specify **Raymond H. Barlow**

(Signed) **Raymond H. Barlow**, M. D.

20. FILED **8-28-35** **J. F. Bredeck** Registrar.

(Address) **City 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.

RECORD

