

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

Do not use this space.

SEP 16 1935

25163

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

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

File No. **7289**

Registered No.

St. Ward)

2. FULL NAME

Baby Joseph

(a) Residence, No. *4931*

St. *Beverly* Ward. *7*

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. *19* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 22, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from

1/3 1935 to *July 22, 1935*

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

July 3 - 35

I last saw him alive on *July 22, 1935*. Death is said

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

0 0 19

to have occurred on the date stated above, at m.

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

Date of onset

OCCUPATION

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

me

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Total time (years) spent in this occupation

chupetigo
153

Other contributory causes of importance:

neuborn

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis Mo

13. NAME

unk

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

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

unk

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

15. MAIDEN NAME

Dorothy Joseph

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)

unk

Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS)

Group by M. B. ...

Manner of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE

City Cemetery 8/20/35

Nature of injury.....

19. UNDERTAKER (ADDRESS)

Don W. ...

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

20. FILED *AUG 28 1935*

J. F. Bledick

(Signed) *R. B. Siegel*, M. D.

(Address) *City*

Registrar.

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.

WRITE CAREFULLY WITH OMPROBING INK—THIS IS A PERMANENT RECORD

