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.

DEC 12 1935

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

Do not use this space.

791

37723

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 9697

City St Louis Mo (No. Deaconess Hosp St. ..... Ward)

2. FULL NAME Infant of Irwin and Pearl Shubert

(a) Residence, No. 4242 Neosho St., 15 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 F

4. COLOR OR RACE W

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) Nov 18 - 35

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

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

FATHER

13. NAME Irwin Shubert

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

MOTHER

15. MAIDEN NAME Pearl Theisz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Co Mo

17. INFORMANT (ADDRESS) Irwin Shubert 4242 Neosho

18. BURIAL, CREMATION, OR REMOVAL PLACE St Johns Cem St L Co DATE Nov 19 1935

19. UNDERTAKER (ADDRESS) John L Bragenheim & Sons 7027 Gravois Ave

20. FILED NOV 19 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-19-35, 19

22. I HEREBY CERTIFY, That I attended deceased from 11-18, 1935, to 11-19, 1935

I last saw her alive on 11-18-35, 19 Death is said to have occurred on the date stated above, at 3:30 A.m.

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

Acute Myocarditis due to prematurity

Date of onset 11-18-35

Other contributory causes of importance: 159

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

What test confirmed diagnosis? ..... 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 ....., 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? .....

If so, specify .....

(Signed) A. R. Haldenried, M. D.

(Address) 8200 Gravois