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.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 37789

Township ..... Primary Registration District No. 1003 Registered No. 9765

City St. Louis (No. St. Paul Hospital St. ..... Ward)

2. FULL NAME Baby Johnson

(a) Residence, No. 4610 Westminster St., 12 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	White	Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 19th 1935

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
			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): St. Louis Mo

FATHER

13. NAME: John Johnson

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

MOTHER

15. MAIDEN NAME: Helen Leahy

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

17. INFORMANT (ADDRESS): John Johnson 4610 Westminster

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem DATE Nov. 22nd 1935

19. UNDERTAKER (ADDRESS): John Gentleman 5077 Durant Ave

20. FILED NOV 21 1935, 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1935 to Nov 20, 1935

I last saw her alive on 9 30 a 14 10, 1935. Death is said to have occurred on the date stated above, at 9 30 A m.

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

Prematurity 6 1/2 mo

Date of onset

159

Other contributory causes of importance:

Name of operation: No Date of

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 ....., 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? No

If so, specify

(Signed) L. M. Riordan, M. D.

(Address) Lister Bldg