MAR 12 1936

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

317 791

Do not use this space.

7648

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 1298

City St Louis (No. City Hosp # 1 St. ..... Ward)

2. FULL NAME Baby Lobsinger Twin II

(a) Residence, No. 2835 St. Ward. 23
(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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 29-35

7. AGE: YEARS 0 MONTHS 1 DAYS 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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: Leslie Lobsinger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Belleville Ill

MOTHER

15. MAIDEN NAME: Irene Palmer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Belleville Ill

17. INFORMANT (ADDRESS): Hosp Fr Mercy City Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE: Belleville Ill DATE 2-5 1936

19. UNDERTAKER (ADDRESS): Herbert ~~Newgent~~ Newgent Belleville Ill

20. FILED FEB 4 1936 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2/3/36 19

22. I HEREBY CERTIFY, That I attended deceased from 2/2, 1936 to 2/3/36 19

I last saw her alive on 2/3, 1936 Death is said to have occurred on the date stated above, at 11 a.m.

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

	Date of onset
athrepsia	
probable Bronchopneumonia	
Child died from starvation due to	

Other contributory causes of importance: Privation

107a

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) J. Gaudon, M. D.

(Address) City Hosp #

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.