

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

Do not use this space.

APR 11 1936

13397

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City..... (No. **St. Louis Maternity** St. **3497** Ward)

2. FULL NAME

Infant Neil
 (a) Residence, No. *626 Forest Court - Clayton Mo* Clayton, Mo
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. *NR* How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *50*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *3-28-36 9 a.m.*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *5*

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 *Neil Charles*

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

MOTHER
 15. MAIDEN NAME *Dalton Sylvia*

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

17. INFORMANT *Chas Heil Jr*
 ADDRESS *626 Forest Court*

18. BURIAL, CREMATION, OR REMOVAL PLACE *S.S. Veil + Band* DATE *3/28/36*, 19..

19. UNDERTAKER (ADDRESS) *Wm J. Ophelt*

20. FILED *3-31 1936* *J. F. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3/28*, 19*36*
 22. I HEREBY CERTIFY, That I attended deceased from *9:50 a.m. 3/28*, 19*36*, to, 19...
 I last saw him alive on *3/28/36*, 19... Death is said to have occurred on the date stated above, at *11:07 a.m.*
 The principal cause of death and related causes of importance were as follows:

Prematurity (31 weeks gestation) Date of onset
 Other contributory causes of importance: *159*

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? *200*

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) *O. S. Veil*, M. D.
 (Address) *2720 Washington*

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 PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

