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

NOV 4 1936

Do not use this space.

33232-d

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 2003

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

File No. 9940

Registered No. .....

2. FULL NAME Baby Holston

(a) Residence, No. 824 O'Fallon St., 25 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: Female

4. COLOR OR RACE: Negro

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) 8 - 2 - 36

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 1 hrs. or 2 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 Lee Holston

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

MOTHER

15. MAIDEN NAME Emma Dovines

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala.

17. INFORMANT (ADDRESS) Esther Mary Sherard 2945 Lawton

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cem. DATE 10-2-36, 19

19. UNDERTAKER (ADDRESS) David Van Wassan City Hosp.

20. FILED ....., 19 J F Bredeck Registrar.

OCT 1 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8 - 2 - , 1936

22. I HEREBY CERTIFY, That I attended deceased from 8 - 2 - , 1936, to 8 - 2 - , 1936

I last saw her alive on 8 - 2 - , 1936. Death is said to have occurred on the date stated above, at 5:30A. M.

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

	Date of onset
Atelectasis	8-2-36

161a

Other contributory causes of importance:

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

What test confirmed diagnosis? ..... Was there an autopsy? No

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. Owen Blache, M. D.

(Address) 2945 Lawton

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

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