

OCT 5 1936

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

Do not use this space.

35628

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City.....

File No.....

Registered No. 9243

St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward. *Overland Mo.*
(Usual place of abode) *NR*

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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 6, 1936*

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

22. I HEREBY CERTIFY, That I attended deceased from *Sept 7, 1936*, to *Sept 5th, 1936*

I last saw him alive on *Sept 5, 1936* Death is said to have occurred on the date stated above, at *6 P. m.*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 4, 1936*

The principal cause of death and related causes of importance were as follows:
Prematurity (6 1/2 mo fetus)

7. AGE YEARS MONTHS Days *2* If LESS than 1 day, hrs. or min.

Other contributory causes of importance: *159*

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) *St Louis* (STATE OR COUNTRY) *Mo*

13. NAME *Leo Casser*

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

15. MAIDEN NAME *Yetta Henry*

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

17. INFORMANT *Leo Casser* (ADDRESS) *9435 Washburn*

18. BURIAL, CREMATION, OR REMOVAL *Chesterfield Cemetery 9/6*

19. UNDERTAKER *Hubbard* (ADDRESS) *4469 Washington*

20. FILED *SEP 6 1936*

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

What test confirmed diagnosis?..... Was there an autopsy? *Yes*

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) *Dr. Newman* M. D.

(Address) *7500 Olive St*

Registrar. *J. Bredeck*

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.

