

OCT 5 1936

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

Do not use this space.

36083

1. PLACE OF DEATH

County

Registration District No. **791**

Township

Primary Registration District No. **1008**City **St. Louis Mo.**(No. **CHRISTIAN HOSPITAL**)

File No.

Registered No. **9724**

St. Ward)

2. FULL NAME

(a) Residence, No. **4400 North Judge St.**

(Usual place of abode)

Infant of FOSTER + EDNA GIDEON.

10. Ward.

(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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

SEPT. 22 1936

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, **29** hrs. or **7** 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

MOTHER FATHER

13. NAME

FOSTER GIDEON

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

STAUNTON MO

15. MAIDEN NAME

EDNA WEINMANN

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

ST LOUIS MO

17. INFORMANT (ADDRESS)

FOSTER GIDEON

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Frederick

DATE

Sept 25 1936

19. UNDERTAKER (ADDRESS)

ST ROO L CARROLL UNDCO 4600 North Judge

20. FILED

SEP 24 1936**J. T. Bredeck**

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

SEPT. 23rd 193622. I HEREBY CERTIFY, That I attended deceased from **Sept. 22**, 1936, to **Sept 23rd**, 1936I last saw him alive on **Sept 23rd**, 1936. Death is saidto have occurred on the date stated above, at **6:30 p.m.**

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

Premature Birth

Date of onset:

Marginal implantation of placenta 6/2/36

Other contributory causes of importance:

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

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)

Edwin J. Orsdel, M. D.

(Address)

3655 Ar. Huntington Ave.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

