

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.

St Louis Maternity Hospital

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

Do not use this space.

36307-2

1. PLACE OF DEATH **DEC 3 1936**

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis, Mo.** (No. **630 S. Kingshighway Blvd.**) St. Ward

File No.
Registered No. **11301**

2. FULL NAME **Winston, Infant**
(a) Residence, No. **4245 McPherson Ave.** St., **19** 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 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) 9-27-36				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, 25 hrs. or 25 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) St. Louis, Mo. (STATE OR COUNTRY)				
FATHER	13. NAME Winston, George Tayloe			
	14. BIRTHPLACE (CITY OR TOWN) Chapel Hill, N.C. (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME Barry, Eileen Theresa			
	16. BIRTHPLACE (CITY OR TOWN) Olean, N. Y. (STATE OR COUNTRY)			
17. INFORMANT George Winston (ADDRESS) 4245 McPherson				
18. BURIAL, CREMATION, OR REMOVAL St. Louis Maternity DATE 9/28/36				
19. UNDERTAKER Dept. of Pathology (ADDRESS)				
20. FILE NOV 13 1936 J. B. Beck Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 28**, 19**36**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 27**, 19**36**, to **Sept 28**, 19**36**
I last saw **him** alive on **9-28-**, 19**36**. Death is said to have occurred on the date stated above, at **4:50** m.
The principal cause of death and related causes of importance were as follows:
Prematurity
34 weeks
Gastric ulcers & hemorrhage

Other contributory causes of importance: **159**

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) **John E. Hobbs** M. D.
(Address) **630 S. Kingshighway**

