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.

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

JAN 10 1937

Do not use this space.

46727

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

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

File No. .....

Registered No. 12522

2. FULL NAME Baby Robert Wilke

(a) Residence, No. 3618 Delor St., 15 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 18, 1936

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, 8 hrs. or 0 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

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 Missouri

FATHER

13. NAME Elmer G. Wilke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Old Monroe Missouri

MOTHER

15. MAIDEN NAME Margaruite Selves

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La Grange Missouri

17. INFORMANT (ADDRESS) Elmer G. Wilke 3618 Delor

18. BURIAL, CREMATION, OR REMOVAL

PLACE La Grange, Mo. DATE 12/19/36 19

19. UNDERTAKER (ADDRESS) A. W. McLaughlin 2301 Lafayette Ave.

20. FILED DEC 22 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC. 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1936, to Dec 18, 1936

I last saw him alive on Dec 18, 1936. Death is said to have occurred on the date stated above, at 9½ a.m.

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

Asphyxia neonatorum

160b

Date of onset

Other contributory causes of importance:

(Prolonged parturition)

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

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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) George A. Hullman, M. D.

(Address) 4021 Scharwell

M-1-20-36 X7044