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.

FEB 11 1936

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

791

Do not use this space.

File No. 47674

Registered No. 432

1. PLACE OF DEATH

County ..... Registration District No. 1003

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

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

2. FULL NAME Stillborn J Harris & Kathleen Herbert.

(a) Residence, No. 3438 Russell Blvd St., 17 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) Jan 11 - 1936

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

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) St Louis
(STATE OR COUNTRY) Mo

FATHER

13. NAME Harris Herbert.

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

MOTHER

15. MAIDEN NAME Kathleen Lally.

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

17. INFORMANT Harris Herbert.
(ADDRESS) 3438 Russell Blvd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE Jan 13, 1936

19. UNDERTAKER Petz Bros
(ADDRESS) 3029 Lafayette Ave

20. FILED JAN 13 1936, 19 J F Breeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/11/36, to 1/11/36

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5 a. m.

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

	Date of onset
Still Born	1/11

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 ....., 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) Geo J Mueller, M. D.

(Address) 1006 So Jefferson

1/11/36

Dr. Mehan
1006 So Jefferson