

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. WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD

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

Do not use this space.

MAR 12 1936

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St Louis** (No. **DesLoge, Hospital**)

File No. **47838**
 Registered No. **2213**
 St. Ward)

2. FULL NAME (StillBorne) Stouall

(a) Residence, No. **3409 Missouri** St., **24** 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single.		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 27 1936.		
7. AGE	YEARS	MONTHS
	Still Borne	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	None
	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.	
FATHER	13. NAME Otis W. Stouall	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.	
MOTHER	15. MAIDEN NAME Helen Haverstick	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Delta, Missouri.	
17. INFORMANT (ADDRESS)	Otis W. Stouall, 3409 Missouri	
18. BURIAL, CREMATION, OR REMOVAL PLACE	Calvary	DATE Feb 28 , 19 36
19. UNDERTAKER (ADDRESS)	Allen W. Laughlin, 2301 Lafayette	
20. DATE	FEB 28 1936	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 27**, 19**36**

22. I HEREBY CERTIFY, That I attended deceased from **Feb. 27**, 19**36**, to **Feb 27**, 19**36**

I last saw h. **Stouall**, 19... Death is said to have occurred on the date stated above, at **USA**.
 The principal cause of death and related causes of importance were as follows:
Intra-cranial Hemorrhage of newborn

Date of onset

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) **R. Berg**, M. D.
 (Address) **255 Nebraska**

J. Predeck
 Registrar.

