

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.

APR 13 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 2474

Township.....

City St. Louis Mo.(No. 791)City Hospital No. 21003File No. 47980Registered No. 2418

St. Ward)

2. FULL NAME

(a) Residence, No. 2512 - 7 1/2

(Usual place of abode)

Ward. 20

(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

1. SEX

Female

4. COLOR OR RACE

Negro

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)

Feb. 18th 36

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or 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)

Infant

11. Total time (years) spent in this occupation.

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

St. Louis Mo

FATHER

13. NAME

Claude Kelly

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

St. Louis Mo

MOTHER

15. MAIDEN NAME

Arletta Carey

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

St. Louis Mo

17. INFORMANT (ADDRESS)

July C. Beard

18. BURIAL, CREMATION, OR REMOVAL PLACE

CITY CEMETERYDATE MAR 4 1936

19. UNDERTAKER (ADDRESS)

David J. Gannon

20. FILE

MAR 4 1936J. B. Bredeck

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Feb. 18th 1936

22. I HEREBY CERTIFY, That I attended deceased from

2 - 18 - 1936, to 2 - 18 - 1936I last saw him alive on 2 - 18 - 1936 Death is saidto have occurred on the date stated above, at 2:55 P.

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

StillbornDate of onset
2-18-36

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Chronic 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?

If so, specify

(Signed)

J. Owen Blache

, M. D.

(Address)

2945 Lawton

