JUN 6 -1936

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

791

1003

Do not use this space.

File No. 48351

Registered No. 5194

1. PLACE OF DEATH

County ..... Registration District No. .....

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

City St. Louis, Mo. (No. St. Louis Maternity Hosp. St. ..... Ward .....

2. FULL NAME Baby Boy Scruggs

(a) Residence, No. 3017 Easton St., 21 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	Negro	

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/27/36

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
Still born	full term		

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 (STATE OR COUNTRY) Missouri

FATHER

13. NAME William Scruggs

14. BIRTHPLACE (CITY OR TOWN) Jackson, Tenn. (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Bertha Avery

16. BIRTHPLACE (CITY OR TOWN) Jackson, Tenn (STATE OR COUNTRY)

17. INFORMANT William Scruggs (ADDRESS) 3017 Easton Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE W.U. Dept Path. DATE 3-27-36, 19

19. UNDERTAKER St. Louis Maternity Hosp. (ADDRESS) So. Kingshighway

20. FILED MAY 14 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/27/36, 19.... to ....., 19....

I last saw h..... alive on ..... Death is said to have occurred on the date stated above, at 10:15 A.M.

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

	Date of onset
Premature Separation of Placenta	3/27/36
Stillborn	

Other contributory causes of importance:

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

What test confirmed diagnosis? ..... Was there an autopsy? No

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) David Fleischman, M. D.

(Address) 630 S. Kingshighway St. Louis, Mo

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