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.

St Louis Maternity Hospital

JUL 14 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

Do not use this space.

File No. 48393
Registered No. 6467

1. PLACE OF DEATH

County ..... Registration District No. 1008

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

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

2. FULL NAME Infant Harrison

(a) Residence, No. 4465 Forest Park Blvd Ward 19
(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):

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-17-36

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)

11. Total time (years) spent in this occupation

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

FATHER

13. NAME Harrison Roland Rodell

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

MOTHER

15. MAIDEN NAME Stubbins Mary

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

17. INFORMANT (ADDRESS) Roland H. Harrison 4465 Forest Park Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE St Louis Maternity Hosp 5/17/36

19. UNDERTAKER (ADDRESS) Dept of Pathology

20. FILED JUN 25 1936 J F Bellick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/17, 1936, to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2:35 A.M.

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

	Date of onset
Premature Stillborn	
24 weeks	

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) J. O. M. Malley, M. D.

(Address) 4992 Maryland