St Louis Maternity Hospital

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

Do not use this space.

JUL 14 1936

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 48535

Township ..... Primary Registration District No. ..... Registered No. 6462

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

2. FULL NAME Infant Kohn

(a) Residence, No. 5875 Terry Avenue St., 6 Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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: Male
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) 6 - 9 - 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 Kohn Morris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville, Ky

MOTHER
15. MAIDEN NAME Barohn Esther
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Owensboro, Ky

17. INFORMANT (ADDRESS) Morris Kohn 5875 Terry ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St Louis Maternity Hosp 6/9/36

19. UNDERTAKER (ADDRESS) Dept of Pathology 3rd floor

20. FILED JUN 26 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9, 1936

22. I HEREBY CERTIFY That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10:05 A.m.

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

Spont. abortion 15 wks.

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) S. D. Steele MD, M. D.

(Address) 4500 Olive

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.