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.

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

Do not use this space.

AUG 25 1936

1. PLACE OF DEATH
County St. Louis — Registration District No. 790 — File No. 48677
Township ~~Central~~ — Primary Registration District No. 6033a — Registered No. 287
City Clayton M (No. St. L. Co. Hospital St. Ward)

2. FULL NAME Baby Pryer (Stillborn)
(a) Residence, No. Valley Park, Mo. St., 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)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/23/36
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 Co Hosp

FATHER
13. NAME John Pryer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Co

MOTHER
15. MAIDEN NAME Mary Bower
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manchester, Mo

17. INFORMANT (ADDRESS) John Pryer, Valley Park, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Fenton, M. E. DATE 7/24/36 19
19. UNDERTAKER (ADDRESS) Kenneth W. Koch, Fenton, Mo.
20. FILED 7/24 1936 Dr A J Signorelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/23/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 7/22, 19 36, to 7/23, 19 36
I last saw her alive on Stillborn, 19 Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Premature death of foetus	
2. Ecchymoses into pleural, pericardial, & peritoneal cavities.	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? No
If so, specify
(Signed) Wm O. Mowrey, M. D.
(Address) St. Louis County Hosp.

Dr Wm O. Mowrey
Clayton Mo
7/24/36