

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.

AUG 18 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.....

Township.....

Primary Registration District No.....

City St. Louis, Missouri

City Hospital No. 1

B. 4729

Baby Willianson # 2

2. FULL NAME

(a) Residence, No. 4812 Laclede  
(Usual place of abode)

St. 19 Ward.

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. (If nonresident, give city or town and State)

791

1003

48681

File No.....

Registered No. 6738

St. .... Ward)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 2, 1936</u>		
7. AGE YEARS	MONTHS	DAYS
<u>Stillborn</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>nil</u>
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, Missouri

13. NAME Lloyd Williamson

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

15. MAIDEN NAME Doris Burke

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

17. INFORMANT Hosp. Info. M.H. Kent  
(ADDRESS) City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Memorial Park DATE July 3, 1936

19. UNDERTAKER Drehmann Funeral  
(ADDRESS) 1905 W. Myrtle Blvd

20. JUL 3 1936 Registrar. J. Prebeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/2/36, 19

22. 7/2/36 I HEREBY CERTIFY, That I attended deceased from 7/2/36, 19, to 7/2/36, 19.

I last saw him alive on 7/2/36, 19. Death is said to have occurred on the date stated above, at 10:31 a m.

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

Still Born

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) [Signature], M. D.  
(Address) City Hospital No. 1

