

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.

SEP 15 1936

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 3662) Clark St. Ward) 18

48858
File No.
Registered No. 8393

2. FULL NAME

Stillborn infant Strand #v
(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode) 366 Clark St. 18 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.

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) 8-5-36

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Stillborn — — —

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 Francis Marion Strand

14. BIRTHPLACE (CITY OR TOWN) Steelville
(STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Hazel Amanda Hicks

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

17. INFORMANT Father Francis M. Strand
(ADDRESS) 366 Clark Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis Un. vers. School of Medicine DATE 8-5-1936

19. UNDERTAKER Anatomical Board
(ADDRESS) J. F. Bredeck

20. FILED AUG 12 1936 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 5th, 1936

22. I HEREBY CERTIFY that I attended deceased from 8-5 1936 to 8-5, 1936

I last saw him alive on Stillborn 19.... Death is said to have occurred on the date stated above, at 8:30 P. m.

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

Prematurity

Other contributory causes of importance: —

Name of operation None Date of None

What test confirmed diagnosis? None 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? —

If so, specify —

(Signed) Erwin T. Huber, M. D.

(Address) 1325 So. Grand Ave.

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