St Louis Maternity Hospital

OCT 5 1936

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

Do not use this space.

48912

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 9194

Township ..... Primary Registration District No. 1003 Registered No. .....

City St. Louis, Mo (No. St Louis Mat. Hosp St. ..... Ward)

2. FULL NAME Infant Wright

(a) Residence, No. 4449 Cottage Avenue St., 11 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: Colored

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) Aug 13, 1936

7. AGE: Stillborn — 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 Wright, Dorsey Jr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Millersville, Ga

MOTHER

15. MAIDEN NAME Allen, Elneal

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jonesville, La

17. INFORMANT (ADDRESS) Dorsey Wright Jr 4449 Cottage Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St Louis Maternity 8/13/36

19. UNDERTAKER (ADDRESS) Dept of Pathology

20. FILED SEP 4 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13, 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 7:35 P m.

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

	Date of onset
Stillborn	
(Miscarriage - 22 weeks)	
580 gms.	

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) A R Bartwick M. D.

(Address) St. Louis Maternity Hospital

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.

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