

St. Louis Maternity Hospital

OCT 5 1936

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

Do not use this space.

791  
1003

48913

1. PLACE OF DEATH

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis, Mo. (No. 630 So. Kingshighway Blvd. St. St. Louis Mat Hosp Ward.....)

2. FULL NAME Lind, Infant

(a) Residence, No. 6523 Joseph St. St. N. P. Ward.....  
(Usual place of abode) St. Louis County (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	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) <u>8-1-36</u>		
7. AGE YEARS	MONTHS	DAYS
<u>Stillborn</u>	<u>9</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		If LESS than 1 day, ..... hrs. or ..... min.
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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1, 1936  
22. I HEREBY CERTIFY That I attended deceased from ..... 19..... to ..... 19.....  
I last saw h. Stillborn alive on ..... 19..... Death is said to have occurred on the date stated above, at 4:15 A.M.

The principal cause of death and related causes of importance were as follows:  
Stillborn -  
low type of umbilical  
cord.

Date of onset  
Term

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) Ora James Gibson M. D.  
(Address) 630 So. Kingshighway

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>
	13. NAME <u>Lind, William Ernest</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sedalia, Mo.</u>
	15. MAIDEN NAME <u>richtle, Nellie Caroline</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pittsburg, Pa.</u>
	17. INFORMANT (ADDRESS) <u>Nellie Ernest Lind</u> <u>6523 Joseph St.</u>
18. BURIAL, CREMATION, OR REMOVAL <u>St. Louis Maternity 8/1/36</u>	
19. UNDERTAKER (ADDRESS) <u>Dept of Pathology</u>	
20. FILED <u>SEP 4 1936</u> <u>J. F. Bledsoe</u> Registrar.	

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.

WHILE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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