

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.

OCT 5 1936

791

48927

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

(No. *Paul & West*)

File No.....

Registered No. **9676**

St. Ward)

2. FULL NAME **Foetus of Inell Douglass & Frank Heims (Col.)**

(a) Residence, No. **1114-a N.18th** St., **25** Ward.

(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 **male** 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) **7/17/36**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.

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**

13. NAME **Frank Heims**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mississippi**

15. MAIDEN NAME **Inell Douglass**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mississippi**

17. INFORMANT **Booker T. Douglass (bro.)** (ADDRESS) **2326 Chestnut.**

18. BURIAL, CREMATION, OR REMOVAL **City Cemetery** DATE **9/28/36**

19. UNDERWRITER **C. M. McDowell** (ADDRESS) **2533 1/2 Ave**

20. FATHER **Get Bredeck** (ADDRESS) **114 Ave**

SEP 23 1936

Registrar.

No physician certificate required

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7/17** 19 **36**

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 **3:51 P.**

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

Stillborn; premature birth
Cause unknown.

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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) **Harold Debus**, M. D.

(Address) **114 Ave**

