St Louis Maternity Hospital

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

Do not use this space.

1. PLACE OF DEATH NOV 4 1936

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1008

City St. Louis, Mo. (No. 630 S. Kingshighway Blvd. St. ..... Ward)

File No. 49125

Registered No. 10829

2. FULL NAME Fortenbury, Infant

(a) Residence, No. 3422a Tennessee Ave. St., 16 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: 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) 9-28-36

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 Fortenbury, John Wesley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paragould, Ark.

MOTHER

15. MAIDEN NAME Crouch, Lodema Cleffie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wheeling, Ark.

17. INFORMANT Dr S A Saule (ADDRESS) 4500 Olive St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St Louis Maternity DATE 9/28 1936

19. UNDERTAKER Dept of Pathology (ADDRESS)

20. FILED OCT 29 1936, 19 J F Bickett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-28-36, 19

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 .....

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

STILLBORN 22 wks

Other contributory causes of importance:

Placenta circumvallata

Monstrosity

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) S A Saule, M. D.

(Address) 4500 Olive St.

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.