

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

Do not use this space.

DEC 3 1936

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis, Mo.** (No. **St. Louis Maternity Hospital** St. Ward)

File No. **49266**

Registered No. **11311**

2. FULL NAME **Pine Infant**
(a) Residence, No. **2516 Grover Avenue** St. **6** 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 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Undetermined-White
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 31, 1936**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
Abortion - 12 weeks

OCCUPATION
8. Trade, profession, or particular kind of work done, as splanner, 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, Mo.** (STATE OR COUNTRY)

FATHER
13. NAME **Pine, George I.**

14. BIRTHPLACE (CITY OR TOWN) **St. Louis, Mo.** (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME **Cash, Esther Laye**

16. BIRTHPLACE (CITY OR TOWN) **Sedalia, Mo.** (STATE OR COUNTRY)

17. INFORMANT **George I. Pine** (ADDRESS) **2516 Grover Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Louis Maternity Hosp. 10, 31**

19. UNDERTAKER **Dept. of Pathology** (ADDRESS) **3rd Floor**

20. FILED **DEC 13 1936** **J. H. Decker** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 31, 1936**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw him alive on 19..... Death is said to have occurred on the date stated above, at **6:30 P.M.**
The principal cause of death and related causes of importance were as follows:

Date of onset
Abortion 12-14 weeks
Spontaneous Abortion
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
1936

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) **Richard Padgett** M. D.
(Address) **4500 Olive St**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

U.S. DEPARTMENT OF AGRICULTURE

OFFICE OF THE SECRETARY

WASHINGTON, D. C.

2025-01-01