

FEB 23 1937

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

Do not use this space.

1. PLACE OF DEATH

96 County St. Louis
Township Central
7 City Clayton

Registration District No. 790
Primary Registration District No. 26033a
(No. St. Louis County Hospital)

File No. 3027
Registered No. 31
Ward

2. FULL NAME

(a) Residence, No. 720 Benton St. Valley Park 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Still born (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-16-37

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

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) (STATE OR COUNTRY) Clayton Mo

13. NAME Frank Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co Mo

15. MAIDEN NAME Margie Alexander

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) F. Benton Co Mo

17. INFORMANT (ADDRESS) Mr Brown

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE Jan. 25 1937

19. UNDERTAKER (ADDRESS) Louis H. Bopp Mo
Kirkwood

20. FILED 1/25 37 D. J. Agnelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-16, 1937

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 79 m.

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

Stillbirth
(7 1/2 to 8 Mos fetus -)
(Placental separating placenta)
Date of onset

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) R. O. Schelling M.D., M. D.
(Address) St. Louis Co Hosp
Clayton Mo.

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. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important.

