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

Do not use this space.

File No. 4080 1123
Registered No.

1. PLACE OF DEATH

County
Township
City St. Louis, Missouri (No. St. Anthony Hospital St. Ward)

FEB 8 1937

Registration District No. 1791
Primary Registration District No. 1003

2. FULL NAME Infant Hasenritter

(a) Residence, No. 1001 Bates Street St., 15 Ward. 1
(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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 23rd, 1937

7. AGE: Years | Months | Days | If LESS than 1 day, 17 hrs. or 30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil
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, (STATE OR COUNTRY) Missouri

FATHER

13. NAME Elbert Hasenritter
14. BIRTHPLACE (CITY OR TOWN) Hermann, (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Ruby Mumbrauer
16. BIRTHPLACE (CITY OR TOWN) New Haven, (STATE OR COUNTRY) Missouri

17. INFORMANT Elbert Hasenritter
(ADDRESS) 1001 Bates Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hermann, Mo. DATE January 25 1937

19. UNDERTAKER Albert H. Hoppe Inc.
(ADDRESS) 429 N. Euclid ave.

20. FILED FEB 8 1937 J. A. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 24th 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 23rd 1937, to Jan. 24th 1937
I last saw him alive on Jan. 23rd 1937. Death is said to have occurred on the date stated above, at 3 a.m.
The principal cause of death and related causes of importance were as follows:

Premature Birth (7 months) — Date of onset

Other contributory causes of importance:

Name of operation None 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? No
If so, specify

(Signed) Bernard Pleck, M. D.
(Address) 3527 Osage, St. Louis, Mo.

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.

3758 S. Hanel
PR. 1294
11-1 PM