

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

Do not use this space.

MAR 5 - 1937

**791
1003**

File No. **4346**
Registered No. **1512**

1. PLACE OF DEATH

County
Township
City **St. Louis**, (No.)

Registration District No.
Primary Registration District No.
City Hospital No. 1

B. 14788 **Baby Blackard**

2. FULL NAME

(a) Residence, No. **2643 a Geyer** St. **23** 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 ? **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) Jan 11, 1937

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

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) (STATE OR COUNTRY) St. Louis, Missouri

13. NAME Clifford Blackard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Campbell Missouri

15. MAIDEN NAME Mamie Yates

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Evans, Missouri

17. INFORMANT (ADDRESS) Hosp. Info. M. H. Kent City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE City Hospital No. 1 1-29-37

19. UNDERTAKER (ADDRESS) J. J. Bredeck City Hospital No. 1

20. FILED FEB 5 1937 J. J. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/11/37, 19

22. I HEREBY CERTIFY That I attended deceased from 1/11/37, 19, to 1/11/37, 19.

I last saw him alive on 1/11/37, 19. Death is said to have occurred on the date stated above, at 6 p.m.

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

Stillborn

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) *J. J. Bredeck*, M. D.
(Address) City Hospital No. 1

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.

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