MAR 5 - 1937

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

Do not use this space.

File No. 4358
Registered No. 1554

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St. Louis (No. City Hospital No. 2 St. ..... Ward)

2. FULL NAME Baby Fletcher

(a) Residence, No. 3017 Division St., ~~21~~ Ward. 11 (If nonresident, give city or town and State)
(Usual place of abode)
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)
Male	Negro	

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12 - 20 - 36

7. AGE	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
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 21

MOTHER

15. MAIDEN NAME Beatrice Fletcher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina 2

17. INFORMANT Ruby Perdeau
(ADDRESS) 2945 Dawton

18. BURIAL, CREMATION, OR REMOVAL
PLACE CITY CEMETERY DATE Feb 4 37

19. UNDERTAKER Ira Hamilton
(ADDRESS) Health Dept

20. FILED 12-3-37 Jeff Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 - 20 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 12 - 20 -, 1936, to 12 - 20 -, 1936

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2:43 A. M.

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

	Date of onset
Stillborn	
Prematurity	12-20-36

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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? .....
If so, specify .....

(Signed) Thomas C. McFall, M. D.
(Address) 2945 Lawton

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.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

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