

8707-108

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

Do not use this space.

MAR 5 - 1937

791  
1003

File No. 4366  
Registered No. 1908  
Ward

1. PLACE OF DEATH

County ..... Registration District No. ....  
Township ..... Primary Registration District No. ....  
City St. Louis (No. 3118 Clifton Pl.) ..... St. .... Ward)

2. FULL NAME Female Foetus Wilson

(a) Residence, No. 3118 Clifton Pl. St. 21 Ward. /  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
4. COLOR OR RACE Colored  
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. 21, 1937

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
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. /

13. NAME Elmer Rumsey

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

15. MAIDEN NAME Sarah Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala. /

17. INFORMANT (ADDRESS) Elmer Rumsey, 3118 Clifton Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis Mo. DATE 2-9-1937

19. UNDERTAKER (ADDRESS) W. Richter, 3500 Rutledge St.

20. FILED FEB 13 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

was born dead  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 21, 1937  
NO physician in attendance!

22. I HEREBY CERTIFY, That I attended deceased from 18..... to....., 19.....

I last saw h. .... alive on....., 19..... Death is said to have occurred on the date stated above, at....., Mo.

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

Stillborn, 9 mo. Gest.  
Placental insufficiency  
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) Alfred J. Perry, M.D.

(Address) 9 Deputy Coroner

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.

RECORDING INSTRUMENT IS A PERMANENT RECORD

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