

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

Do not use this space.

MAR 5 - 1937

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. St. Ann's Hospital 3301 Page St.) Registered No. 4369
 (Ward) 12

2. FULL NAME

(a) Residence, No. 5065 MAPLE St. 12 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 17 - 1937

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	0	0	0	

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) ST. LOUIS
 (STATE OR COUNTRY) MO

13. NAME RAYMOND KING

14. BIRTHPLACE (CITY OR TOWN) ST. LOUIS
 (STATE OR COUNTRY) MO.

15. MAIDEN NAME MARGARET BARTOS

16. BIRTHPLACE (CITY OR TOWN) ST. LOUIS
 (STATE OR COUNTRY) MO

17. INFORMANT SISTER ZOE
 (ADDRESS) 3301 PAGE

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEM. DATE FEB. 18 1937

19. UNDERTAKER CHARLES HATCHER
 (ADDRESS) 5301 PAGE

20. FILED FEB 18 1937 J. T. Bredeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17 1937

22. I HEREBY CERTIFY, That I attended deceased from Stillborn, 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 2:20 a.m.

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

Inter uterine Asphyxiation

Other contributory causes of importance:

Name of operation none Date of.....

What test confirmed diagnosis? Routine 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) John B. O'Neill, M. D.
 (Address) 319 Union Club Bldg

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 PRINTING WITH GRADING INK—THIS IS A PERMANENT RECORD

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