

MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis, Missouri** (No. **St. Mary's Infirmary**)

File No. **4396**
Registered No. **2282**
St. Ward)

2. FULL NAME **Stillborn Jarman**

(a) Residence, No. **2616 Wash** St., **21** 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 **colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Stillborn.**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **February-19-37**

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Stillborn**
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**

13. NAME **STOVEN JARMAN**

14. BIRTHPLACE (CITY OR TOWN) **Cottageville** (STATE OR COUNTRY) **Tennessee**

15. MAIDEN NAME **Minnie Price**

16. BIRTHPLACE (CITY OR TOWN) **Greenville** (STATE OR COUNTRY) **Tennessee**

17. INFORMANT (ADDRESS) **2616 Wash, St. Louis**

18. BURIAL, CREMATION, OR REMOVAL PLACE **CITY CEMETERY** DATE **2/25/37**

19. UNDERTAKER (ADDRESS) **St. Hamilton City Health Dept**

20. SIGNATURE **J. F. Bredeck** Registrar.

FEB 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **February 19 1937**

22. I HEREBY CERTIFY, That I attended deceased from **The delivery of stillborn fetus**

~~that death~~ ~~occurred~~ ~~on~~ ~~the~~ ~~date~~ ~~stated~~ ~~above~~, at **2:57 a.m.**

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

Luetic condition of the mother

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? **WASS** 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) **J. F. Bredeck**, M. D.

(Address) **1526 P. P. N.**

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.

RECORD OF DEATHS IN THIS A PERMANENT RECORD

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