MAR 5 - 1937

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

Do not use this space.

791

1003

8085

1519

1. PLACE OF DEATH

County

Township

City St. Louis (No. City Hospital No. 1 St. Ward)

Registration District No.

Primary Registration District No.

File No.

Registered No.

B. 14090 Baby Scronce

2. FULL NAME

(a) Residence, No. 1415 Buchanan St., 26 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: female

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) Dec 29, 1936

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

OCCUPATION

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

FATHER

13. NAME John Scronce

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davisville, Illinois

MOTHER

15. MAIDEN NAME Lilli Hahn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Mo.

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

18. BURIAL, CREMATION, OR REMOVAL

PLACE City Crematory DATE 1-29-37, 19

19. UNDERTAKER (ADDRESS) David Van Fossen City Hosp. II

20. FILED FEB 3 - 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/30/36, 19

22. I HEREBY CERTIFY That I attended deceased from 12/29/36, 19, to 12/30/36, 19

I last saw her alive on 12/30/36, 19 Death is said to have occurred on the date stated above, at 12.45p

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

Premature

Date of onset

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) [signature] M. D.

(Address) City Hospital No. 1

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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