

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 Firmin Desloge Hosp. St. Ward

File No. 8665
Registered No. 2126

2. FULL NAME

Ralph Walter Severs, Jr.
3821 Garfield Ave.

(a) Residence, No. 3821 St. 11 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 19 - 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min. 6 6 6

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, Missouri
(STATE OR COUNTRY)

13. NAME Ralph Walter Severs

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

15. MAIDEN NAME Gertrude Helen Lang

16. BIRTHPLACE (CITY OR TOWN) St. Louis, Missouri
(STATE OR COUNTRY)

17. INFORMANT Ralph Walter Severs Jr.
(ADDRESS) 3821 Garfield Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wesleyan Cemetery DATE Feb. 19, 1937

19. UNDERTAKER John P. Collins & Bros.
(ADDRESS) 928 North Grand Ave.

20. FILED FEB 20 1937 J. F. Bredeck
Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from February 19, 1937 to February 19, 1937
I last saw her live on February 19, 1937 Death is said to have occurred on the date stated above, at 5:15 a.m.

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

Fatal asphyxia Date of onset

Other contributory causes of importance:
Prolonged labor
Contracted prexis

Name of operation Date of

What test confirmed diagnosis? 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) John J. Holcen M. D.

(Address) 1375 N. Grand

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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