

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

Do not use this space.

1. PLACE OF DEATH

County.....

Township.....

City St. Louis

FEB 8 1937

Registration District No.....

Primary Registration District No.....

(No. De Paul Hospital)

791

1003

8927

File No.....

Registered No. **219**

St. Ward)

2. FULL NAME Baby Chiara

(a) Residence, No. 3735a Hebert St. St., 10 Ward. (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) Jan. 5 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.

OCCUPATION 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) (STATE OR COUNTRY) St. Louis Mo.

MOTHER 13. NAME Mike Chiara

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

15. MAIDEN NAME Mildred Clark

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

17. INFORMANT Mike Chiara (ADDRESS) 3735 a Hebert

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 1/6/37

19. UNDERTAKER CULLINANE BROS. (ADDRESS) 1710 N. GRAND

20. FILED 1187 6 9027 J. F. Brideck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1937, to Jan 5, 1937 last saw h..... alive on Jan 5, 1937. Death is said to have occurred on the date stated above, at 1. d. m.

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

Still Born Date of onset Jan 5
born tightly constricted - just
neck: child struggled in
delivery. Birth presentation

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) Paul P. Cullen M. D.
(Address) 3611 St. Louis St. Louis

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.

