

APR 8 1937

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

Do not use this space.

1. PLACE OF DEATH

County Deaconess Hospital Registration District No. 791 File No. 10216
Township 6150 Oakland Ave Primary Registration District No. 1003 Registered No. 2782
City St. Louis Mo. (No. Deaconess Hospital St. 1 Ward)

2. FULL NAME

(a) Residence, No. 2711 Russell St. 23 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 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) March 18 1937

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

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) Missouri

13. NAME John Simpson

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

15. MAIDEN NAME Frieda Mathilda

16. BIRTHPLACE (CITY OR TOWN) Granite City (STATE OR COUNTRY) Ill.

17. INFORMANT John Simpson (ADDRESS) 2211 Russell

18. BURIAL, CREMATION, OR REMOVAL PLACE Neo-St. Marys DATE Mar 11 1937

19. UNDERTAKER John Ziegenhein (ADDRESS) 7027 Maroon Ave

20. FILED J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 11 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Stillborn, 1937, to 1937.
I last saw him alive on 1937. Death is said to have occurred on the date stated above, at 4 A. m.
The principal cause of death and related causes of importance were as follows:

Fetus macerated.
cause?
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) R. H. Johnson, M. D.
(Address) 4247 S. 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.

5071 / 000

MAR 11 1937

