

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

Do not use this space.

APR 9 1937

1. PLACE OF DEATH

County St. Louis

Registration District No. **791**

Township

Primary Registration District No. **1003**

City St. Louis

(No. St. Johns Hospital)

File No. **10282**

Registered No. **2854**

St. 1 Ward

2. FULL NAME: Baby Mary Hissel

(a) Residence, No. 1421 Lake Ave St. 18 Ward. Opdyke Del.

(Usual place of abode) 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)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/12-1937

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

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) Mo

13. NAME Wm H Hissel

14. BIRTHPLACE (CITY OR TOWN) Opdyke Del. (STATE OR COUNTRY)

15. MAIDEN NAME Mary Louise Kramer

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

17. INFORMANT Michael Kramer (ADDRESS) 1421 Lake Ave St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE 3/12 1937

19. UNDERTAKER Welsh Funeral Home (ADDRESS) 701 Del St. St. Louis

20. FILED 13 1937 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/12 1937

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...

I last saw h... alive on Mar 12 1937, 19... Death is said to have occurred on the date stated above, at 11:30 p.m.

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

Prematurity.  
Date of onset

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? No

If so, specify... (Signed) George Cornell M. D. (Address) 609 Humboldt Bldg.

WRITE PLAINLY WITH UPDATING INK---THIS IS A PERMANENT RECORD

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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