

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..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **Saint Louis** (No. **4207 Finney Avenue**, St. Ward)

File No. **10659**
Registered No. **3233**

2. FULL NAME **Foetus Glenn**

(a) Residence, No. **4207 Finney Avenue**, st. **11** Ward. (If nonresident, give city or town and State)
(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 **Male** 4. COLOR OR RACE **Negro** 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) **March 23, 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. **None**
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) **Saint Louis**
(STATE OR COUNTRY) **Missouri**

13. NAME **Frank McKinney** *unk*

14. BIRTHPLACE (CITY OR TOWN) **Saint Louis**
(STATE OR COUNTRY) **Missouri** *unk*

15. MAIDEN NAME **Barbara Glenn**

16. BIRTHPLACE (CITY OR TOWN) **Saint Louis**
(STATE OR COUNTRY) **Missouri**

17. INFORMANT **Barbara Glenn**
(ADDRESS) **4207 Finney Avenue**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **Mar. 24, 1937**

19. UNDERTAKER **Charles J. Gates**
(ADDRESS) **4107 Finney Avenue**

20. FILED **MAR 24 1937** *W. Predeck*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 22, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **March 22** to **March 22** 1937.
I last saw him alive on **March 22**, 1937. Death is said to have occurred on the date stated above, at **11 P.M.**

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

Premature birth

Other contributory causes of importance:

Name of operation **None** 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) *P. W. Braxton* M. D.

(Address) **1005 North Leffingwell Ave.**

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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