

MAY 7 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 **St. Louis, Mo. (Paul Hospital)** St. \_\_\_\_\_ Ward \_\_\_\_\_

14367

File No. **3863**

Registered No. \_\_\_\_\_

2. FULL NAME

(a) Residence, No. **4448 S Gabardo** 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 <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Single</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>April 9, 1937</b>		
7. AGE YEARS	MONTHS	DAYS
		LESS than 1 day, <b>4</b> hrs. or <b>---</b> min.

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.**

13. NAME  
**Joseph Paul**

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

15. MAIDEN NAME  
**Helen Murphy**

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

17. INFORMANT (ADDRESS)  
**Joseph Paul 4448 S Gabardo St. St. Louis, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE  
**Cremation Apr. 12, 1937**

19. UNDERTAKER (ADDRESS)  
**J. M. Brown 2862 Union Blvd. St. Louis, Mo.**

20. FILED **APR 12 1937** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 9th, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **April 9th, 1937, to April 9th, 1937**  
I last saw her alive on **April 9th, 1937** Death is said to have occurred on the date stated above, at **11:30 a.m.**

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

**Prematurity -**

Date of onset

Other contributory causes of importance

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) **J. M. Brown, M.D.**  
(Address) **2862 Union Blvd.**

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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