

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.

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

Do not use this space.

MAY 7 1937

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City *St. Louis Mo.* (No. of *Paul Hospital*)

14368

File No.
Registered No. 3864
St. Ward)

2. FULL NAME

(a) Residence No. *4448 1/2 Cabaret* 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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Apr 29 1937</i>		
7. AGE YEARS	MONTHS	DAYS
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

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

FATHER 13. NAME
Joseph Paul

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

MOTHER 15. MAIDEN NAME
Neled Murphy

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

17. INFORMANT (ADDRESS)
Joseph Paul 4448 1/2 Cabaret Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Calvary* DATE *Apr 13 1937*

19. UNDERTAKER (ADDRESS)
2152 N. Grand Blvd.

20. FILED *APR 12 1937* REGISTRAR
J. Brebeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 10 1937*

22. I HEREBY CERTIFY, That I attended deceased from *April 9 1937* to *April 10 1937*
I last saw her alive on *April 7 1937* Death is said to have occurred on the date stated above, at *2:30 A.M.*

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

Prematurity
Date of onset
Other contributory causes of importance: *159*

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) *J. M. Brown*
(Address) *2817 Union Blvd*

