

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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

Do not use this space.

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JUN 12 1937

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File No. 18484  
Registered No. 5060  
St. Ward

1. PLACE OF DEATH

County.....  
Township.....  
City St. Louis (No. City Hospital No. 2)

Registration District No.....

Primary Registration District No.....

2. FULL NAME Baby Peal

(a) Residence, No. 3517a Market St. 18 Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 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) 5-17-37

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.  
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

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

MOTHER 15. MAIDEN NAME Alice Peal

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Ruby Perdeau (ADDRESS) 2945 Lawton

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE May 19 1937

19. UNDERTAKER J. W. Hughes (ADDRESS) 2620 Lawton

20. FILE MAY 19 1937 J. F. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-17- 19 37

22. I HEREBY CERTIFY, That I attended deceased from 5-17- 19 37 to 5-17- 19 37

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 7:45P.

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

Stillborn 5-17-37  
Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis? Clinical 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. F. Bredeck, M. D.  
(Address) City, Mo.

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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