

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH

County

Registration District No. **791**

File No. **18705**

Township

Primary Registration District No. **1003**

Registered No. **5281**

City *St. Louis* (No. *City of St. Louis*)

St. (Ward)

2. FULL NAME

(a) Residence, No. *1826*
(Usual place of abode)

Baby's Death
1826 *Ward 24*

(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 *MALE* 4. COLOR OR RACE *W* 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) *May 10 - 37*

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. *Nil*

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 Missouri*

13. NAME *Mr. Dejar*

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

15. MAIDEN NAME *Alice Knoble*

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

17. INFORMANT *St. Joseph Inf. Mort.* (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE *City Cemetery* DATE *5-28-37*

19. UNDERTAKER *David Van Turner* (ADDRESS) *N. E. 79*

20. FILED *J. Bredeck* Registrar.

MAY 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5/10/37*

22. I HEREBY CERTIFY, That I attended deceased from *5/10*, 19*37*, to *5/10/37*, 19.....

I last saw him/her alive on *5/10/37*, 19..... Death is said to have occurred on the date stated above, at *9:45* a.m.

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

Stillborn Date of onset

Other contributory causes of importance:

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 *St. Louis* (Signed) *M. D.*

(Address) *City*

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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