

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

Do not use this space.

1. PLACE OF DEATH **JUL 8 - 1937**

731

21934

County.....

Registration District No.....

File No.....

Township.....

Primary Registration District No.....

1003

Registered No.....

5686

City **St. Louis Mo.**

(No. **Jewish Hosp.**)

St. Ward)

2. FULL NAME **Baby Boy Conant**

(a) Residence, No. **5106 Enright** St. **12** 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

MEDICAL CERTIFICATE OF DEATH

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) **single**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 31**, 19**37**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from **May 31**, 19**37**, to, 19.....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 31, 1937**

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, **NOISE** min.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Stillborn infant**
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

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

maternal fetus
Pre-eclampsia
Other contributory causes of importance:

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

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

13. NAME **Darrell Ira Conant**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Leamington Illinois**

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.

15. MAIDEN NAME **Allie Hannah Ley**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Nashville Tenn.**

Manner of injury.....
Nature of injury.....

17. INFORMANT (ADDRESS) **Carroll A. Conant 5106 Enright**

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

18. BURIAL, CREMATION, OR REMOVAL PLACE **Jewish Hosp. Laboratory 6-3** **37**

(Signed) **St. G. H. ...**, M. D.
(Address) **W. 10199**

19. UNDERTAKER (ADDRESS) **Anatomical Board Jewish Hosp.**

20. FILED: **1147 9 1937** **St. Bredeck** Registrar.

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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