

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.

5192  
JUL 8 - 1937

1. PLACE OF DEATH *Saint Louis Maternity Hospital*  
County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City *St. Louis, Mo.* (No. ....) St. .... Ward **21**

2. FULL NAME *Little, Infant*  
(a) Residence, No. *3130 Delmar Blvd.* St. .... Ward **21**.  
(Usual place of abode) (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.

File No. **21940**  
Registered No. **5692**  
St. .... Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male*  
4. COLOR OR RACE *Colored*  
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) *May 19, 1937*

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.  
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) *St. Louis, Mo*  
(STATE OR COUNTRY)

MOTHER FATHER  
13. NAME *Little, Edward*

14. BIRTHPLACE (CITY OR TOWN) *Jerseyville, Illinois*  
(STATE OR COUNTRY)

15. MAIDEN NAME *Waters, Gladys*

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

17. INFORMANT *Edward Little*  
(ADDRESS) *3130 Delmar Blvd.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Saint Louis Maternity* *5/19/37*

19. UNDERTAKER (ADDRESS) *Dept of Pathology*

20. FILED **JUN 9 1937** *J. T. Brebeck*  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 19, 1937*

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on..... Death is said to have occurred on the date stated above, at *11:40 A.M.*

The principal cause of death and related causes of importance, as follows:  
*Stillborn - 40 weeks*

Date of onset

Other contributory causes of importance:  
*Premature separation of placenta.*

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) *Deon...* M. D.  
(Address) *630 S. Kingshighway*

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