

**JUL 8 - 1937** MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

Do not use this space.

**791**

**22021**

**1. PLACE OF DEATH**

County.....

Registration District No.....

Township.....

City Registration District No.....

City St. Louis

(No. ....)

**1003**  
**City Hospital No. 2**

File No.....

Registered No.....

**5773**

St. .... Ward)

**2. FULL NAME** Baby Nathaniel

(a) Residence, No. 1826 Wash St. 21 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**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)** 5-14-37  
**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, 48 hrs. or 48 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.

**FATHER**  
**13. NAME** Unknown

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

**MOTHER**  
**15. MAIDEN NAME** Sarah Nathaniel

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

**17. INFORMANT (ADDRESS)** Ruby Perdeau 2945 Lawton

**18. BURIAL, CREMATION, OR REMOVAL PLACE** City Cemetery **DATE** June 12, 1937

**19. UNDERTAKER (ADDRESS)** J. Ryan City Infirmary

**20. FILED** JUN 19 1937 J. F. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

**22. I HEREBY CERTIFY, That I attended deceased from** 5-14-, 1937, to 5-17-, 1937

I last saw him alive on 5-17-, 1937. Death is said to have occurred on the date stated above, at 4:18 P.M.

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

Premature

Date of onset

5-14-37

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) [Signature], M. D.  
 (Address) City Hospital

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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