

JUL 8 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Clair

Registration District No. 6744 791

Township St. Louis

Primary Registration District No. 1008

City St. Louis (No. 1704 Bissel)

File No. 22532
Registered No. 6284
St. 9 Ward 9

2. FULL NAME Baby Amas

(a) Residence, No. 1404 Bissel St. 9 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

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26 - 1937

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. X
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X
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 (STATE OR COUNTRY) MO

13. NAME Robert Amas

14. BIRTHPLACE (CITY OR TOWN) East St. Louis (STATE OR COUNTRY) ILL

15. MAIDEN NAME Elsie Stenzel

16. BIRTHPLACE (CITY OR TOWN) East St. Louis (STATE OR COUNTRY) ILL

17. INFORMANT Robert Amas (ADDRESS) 1404 Bissel Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE East St. Louis DATE June 26 - 1937

19. UNDERTAKER Walsh Funeral Home (ADDRESS) 701 S. Main St. St. Louis

20. FILED JUN 28 1937 H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1937

22. I HEREBY CERTIFY That I attended deceased from June 26, 1937 to June 26, 1937

I last saw him alive on June 26, 1937 Death is said to have occurred on the date stated above, at 11:50 a.m.

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

Still born infant, Date of onset _____

Other contributory causes of importance:

Name of operation none 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) W. J. Sanborn M. D.

(Address) 3758 - Lafayette

WRITE PLAIN WITH UNWRAPPING INSTRUMENT RECORD

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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