

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

Do not use this space.

JUL 8 - 1937

1. PLACE OF DEATH

County

Registration District No.

791

Township

Primary Registration District No.

1003

City. St. Louis

(No. City Hospital No. 1

File No. 22583

Registered No. 6335

St. Ward)

C.3042

2. FULL NAME

Baby Roux

(a) Residence, No. 515 Humboldt

St. 8 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 white 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) June 1st. 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0 0 28

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,

13. NAME Fr unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Frieda Mae Roux

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Hosp Info. M. Kent

18. BURIAL, CREMATION, OR REMOVAL PLACE Bonne Terre Mo DATE 6/30/37 19

19. UNDERTAKER (ADDRESS) Edith E. Ambrose 4230 Manchester Ave

20. FILED JUN 29 1937 19 J. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6 29/37 19

22. I HEREBY CERTIFY, That I attended deceased from 6/1/37, 19, to 6/29/37, 19

I last saw her live on 6/29/37, 19. Death is said

to have occurred on the date stated above, at 6 a. m.

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

Date of onset

Enterocolitis

Other contributory causes of importance:

Premature Infant

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

Where did injury occur?

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) *P. D. Church*, M. D.

(Address) City Hospital No. 1

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.

281-000

TO PERSON