

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.

918 AUG - 5 1937

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

Do not use this space.

25425

1. PLACE OF DEATH St. Louis Maternity Hospital

County.....
 Township.....
 City St. Louis, Mo. (No.....) Ward.....

Registration District No. 791
 Primary Registration District No. 1003

File No.....
 Registered No. 65993 Ward.....

2. FULL NAME Mc Cabe Infant

(a) Residence, No. 6340 Audrey Ave., Overland, Mo. Ward. N. R.
 (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 White 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) 6-11-37

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

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.

13. NAME Mc Cabe, James Joseph

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

15. MAIDEN NAME Peterson, Louise Marie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pyerraville, Iowa

17. INFORMANT St. Louis Maternity Hosp
 (ADDRESS) 630 S. Kings Highway

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.....

19. UNDERTAKER Dept of Pathology Wash. University
 (ADDRESS) St. Louis, Mo.

20. JUL 8 1937 19..... Registrar. J. Bredec

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11 1937

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

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at 3:35 A.M.

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

Prematurity - 28 wks Date of onset

Other contributory causes of importance:

Cardiac + respiratory failure

Name of operation no. Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No 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..... 1

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

(Signed) Geo. Wallace M. D.

(Address) 630 S. Kings Highway

WHITE PAPER, WITH CUTTING MARKS—THIS IS A PERMANENT RECORD

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