AUG - 5 1937

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

Do not use this space.

25934

1. PLACE OF DEATH St. Louis Maternity Hospital

County ..... Registration District No. 791 File No. 7108

Township ..... Primary Registration District No. 1003 Registered No. .....

City ..... (No. 630 S. Kingshighway St. ..... Ward)

2. FULL NAME Infant Zes

(a) Residence, No. 4238 Blair Ave St., 9 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 ~~Undetermined~~ Female

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) 7-13-37

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ..... 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 Zes, Peter Samuel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sparta Greece

MOTHER

15. MAIDEN NAME Grotte Carolyn Mary

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Flintfill Mo

17. INFORMANT (ADDRESS) Peter S. Zes 4238 Blair ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE ..... DATE 7-13 1937

19. UNDERTAKER (ADDRESS) Dept of Pathology Washington Univ

20. FILED JUL 26 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1937, to July 13, 1937

I last saw her ~~alive~~ on July 13, 1937. Death is said to have occurred on the date stated above, at 5:35 P.m.

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

Stillborn (full term)

Date of onset

Other contributory causes of importance:

Monstrosity

Name of operation none 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? ..... 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? no

If so, specify .....

(Signed) T. K. Brown, M. D.

(Address) 630 So. Kingshighway Blvd

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT 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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