AUG - 5 1937

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

Do not use this space.

25979

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis (No. Peoples Hospital St. ..... Ward)

File No. .....

Registered No. 7153

2. FULL NAME Baby Vitale

(a) Residence, No. 4531 Cote Brilliante St., 11 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: Female

4. COLOR OR RACE: Col.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Stillborn

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 7-17-37

7. AGE: YEARS Stillborn; 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, Missouri

FATHER

13. NAME: Frank Vitale

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy

MOTHER

15. MAIDEN NAME: Bennie Kafmon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Vicksburg, Mississippi

17. INFORMANT (ADDRESS): Father Frank Vitale 4531 Cote Brilliante

18. BURIAL, CREMATION, OR REMOVAL PLACE: CITY CEMETERY DATE: 7-29-37, 19

19. UNDERTAKER (ADDRESS): Ira Hamilton City Health Dept

20. FILED: JUL 28 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-17-37, 19

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 11:15A m.

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

	Date of onset
Stillborn	7-17-37

Other contributory causes of importance:

Premature

Name of operation ..... 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 1

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. M. Jones, M. D.

(Address) 3447 Pine Blvd.

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.