AUG - 5 1937

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

Do not use this space.

Registration District No. 791
Primary Registration District No. 1003

File No. 25994
Registered No. 7168

1. PLACE OF DEATH

County
Township
City St. Louis (No. Homer G. Phillips Hosp. St. Ward)

2. FULL NAME Thomas (Baby)

(a) Residence, No. 719 N. Leffingwell St., 21 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	Negro	

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-7-1937

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) St. Louis
(STATE OR COUNTRY) Missouri

FATHER
13. NAME unknown
14. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Christine Thomas
16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Mo.

17. INFORMANT Esther Mae Stewart
(ADDRESS) 2601 N. Whittier St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE CITY CEMETERY DATE 7-29 1937

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

20. FILED JUL 28 1937 J. F. Bredick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-7- 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 4:50 a m.

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

	Date of onset
Prematurity (stillborn)	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) Thomas C. McFall, M. D.
(Address) 2601 N. Whittier St.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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