AUG 30 1937

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

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1. PLACE OF DEATH

County St. Louis — Registration District No. 786 — File No. 28295

Township Jefferson — Primary Registration District No. 4469 — Registered No. 34

City Maplewood (No. 3227, Sutton Ave. St. Ward)

2. FULL NAME Stillborn Locke

(a) Residence, No. 3227 Sutton Ave. St., 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: Male
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) July 14, 1937

7. AGE — YEARS — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.
Stillborn

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) Maplewood Missouri.

FATHER
13. NAME O'Day Locke
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rummaville Missouri

MOTHER
15. MAIDEN NAME Naomi Madge Carpenter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Old Du Quoin Ill

17. INFORMANT (ADDRESS) O'Day Locke 3227 Sutton Ave., Maplewood, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill Cemetery DATE July 14, 1937

19. UNDERTAKER (ADDRESS) Jay B. Smith Funeral Home 7456 Manchester Ave., Maplewood, Mo.

20. FILED Aug 4, 19 Pauline Greitenstein Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14th, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1937, to July 14th, 1937
I last saw him alive on Still-born, 19.... Death is said to have occurred on the date stated above, at 5:10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Still-born.	
Hydrocephalus.	

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? — 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) Pierre M. Brossard, M. D.
(Address) 3500 Cambridge Maplewood Mo.

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.