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.

SEP 10 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 29399

Township ..... Primary Registration District No. 1003 Registered No. 8032

City St. Louis, Missouri (No. Mo Bapt Hosp. St. ..... Ward)

2. FULL NAME Baby Whitton

(a) Residence, No. 4162 McRee St. McRee Ward. 17 (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: Male
4. COLOR OR RACE: Cauc
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) 8-20-37

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, Missouri

FATHER
13. NAME Mr. Tracy Whitton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cartridge, Indiana

MOTHER
15. MAIDEN NAME Miss Hazel Davis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Luetsville, Missouri

17. INFORMANT (ADDRESS) Mrs. Tracy Whitton 4162 McRee

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE 8/28/37, 19

19. UNDERTAKER (ADDRESS) Dra Hamilton City Hosp #1

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 20, 1937.

22. I HEREBY CERTIFY, That I attended deceased from ~~Aug 19, 1937~~ to Aug 20, 1937

I last saw h..... alive on ——, 19.... Death is said to have occurred on the date stated above, at 6 05 m.

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

Abortion Stillborn — Date of onset 8/19/37.

Other contributory causes of importance: Induced.

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 ——

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ——

(Signed) H. M. Loewenstein, M. D.

(Address) Hall Bldg. St Louis Mo