

WHITE CARBON WITH IMPRINTED INFORMATION 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.

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

Do not use this space.  
33051

OCT 14 1937

1. PLACE OF DEATH **St. Louis Maternity Hospital**

**791**  
**1003**

County .....  
Township .....  
City **Saint Louis, Missouri** (No. ....)

Registration District No. ....  
Primary Registration District No. ....

File No. ....  
Registered No. **9105**  
St. .... Ward)

2. FULL NAME **Infant Pettibone**

(a) Residence, No. **2209a Howard** St., **10** 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 <b>Female</b>	4. COLOR OR RACE <b>White</b>	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) <b>9-21-37</b>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ... min.
<b>Newborn</b>				
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	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 21 1937**

22. I HEREBY CERTIFY, That I attended deceased from **9/21 1937**, to **9/21 1937**

I last saw her alive on **9/21 1937** Death is said to have occurred on the date stated above, at **8:30 p.m.**

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

**Prematurity**

Other contributory causes of importance:

**159**

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Saint Louis, Missouri</b>
	13. NAME <b>Robert William Pettibone</b>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Saint Louis, Missouri</b>
	15. MAIDEN NAME <b>Mildred Thomas</b>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Minneapolis, Minn.</b>
	17. INFORMANT <b>Robt. Wm Pettibone</b> (ADDRESS) <b>2109 3 Howard</b>
	18. BURIAL, CREMATION, OR REMOVAL <b>Placed in Anatomical Board 9/21 37</b>
	19. UNDERTAKER <b>Dept. of Pathology - Washington</b> (ADDRESS) <b>St. University</b>
	20. FILE <b>SEP 29 1937</b> <b>St. Bredeck</b> Registrar.

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?  
If so, specify **H. Hauptman**  
(Signed) **St. Louis Maternity Hosp.**  
(Address) **St. Louis Maternity Hosp.**

200-1-1-2

