

OCT 26 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space. 0

1. PLACE OF DEATH

County St. LouisTownship ClaytonCity ClaytonRegistration District No. 790Primary Registration District No. 6033a(No. St. Louis County Hospital)File No. 35292Registered No. 326St. Ward

2. FULL NAME

Baby Boy Jones(a) Residence, No. Cumberland Amd. Maryland Heights, Mo.

(Usual place of abode)

newborn

(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 OFsingle

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

9-9-37

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.newborn1

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.nil9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Missouri

FATHER

13. NAME Roy Jones14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Indiana

MOTHER

15. MAIDEN NAME

Thelma Griffin16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Indiana17. INFORMANT
(ADDRESS)mother, Thelma Jones
Cumberland Ave. Maryland Hts

18. BURIAL, CREMATION, OR REMOVAL

PLACE Free Life ChurchDATE 9-11-193719. UNDERTAKER
(ADDRESS)Bannum Bros. Inc.
Overland Ave.

20. FILED

9/111937Dr. J. S. Squirell
Registrar

MEDICAL CERTIFICATE OF DEATH

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

9-10-37

, 19

22. I HEREBY CERTIFY, That I attended deceased from

9-9-37

, 19

, to 9-10-37

, 19

I last saw him alive on 9-10-379:55 A.M.

Death is said

to have occurred on the date stated above, at m.

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

Premature Birth (8 mo.)

Date of onset

Other contributory causes of importance:

Premature separation of placenta

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

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)

(Address)

J. S. Squirell
St. Louis County Hospital
M.D.

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.

