

NOV 15 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

10581
36421

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City ST. LOUIS(No. 3814a)LACLEDE

St. Ward)

2. FULL NAME STILLBORN INFANT SCOTT(a) Residence, No. 3814a Laclede 18 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.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

?

4. COLOR OR RACE

WHITE

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-26-37

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.STILLBORN INFANT

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

MOTHER FATHER

13. NAME ROBERT SCOTT14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) ST. LOUIS; MISSOURI15. MAIDEN NAME ETHEL KIDWELL16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) SAWYERVILLE, ILLINOIS

17. INFORMANT

(ADDRESS)

MOTHER

18. BURIAL, CREMATION, OR REMOVAL

PLACE

19. UNDERTAKER

(ADDRESS)

20. FILED

27 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-26 193722. I HEREBY CERTIFY, That I attended deceased from
9-26-37, 19....., to 9-26-37, 19.....I last saw h..... alive on..... 19..... 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:

Acute Endometritis of Mother

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? None Was there an autopsy? NO23. 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) E. A. Mitchell, M. D.(Address) 1325 S. Grand

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.

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