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.

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

NOV 15 1937

Do not use this space.

36493

1. PLACE OF DEATH

County Firmin Desloge Hospital Registration District No. 791

Township Primary Registration District No. 1003

City St Louis (No. , St. Ward)

File No.

Registered No. 10070

2. FULL NAME Baby Alvin Leicht

(a) Residence, No. St., N R Ward. Robertson, Mo.
(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) infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 28, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 7 hrs. and 50 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, Mo

FATHER

13. NAME Edward Adolph Leicht

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rock Creek, Mo.

MOTHER

15. MAIDEN NAME Ethel Cecelia Schlecht

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fenton, Mo.

17. INFORMANT (ADDRESS) Edward Adolph Leicht (father) Robertson, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Paul's. DATE Oct 29/37

19. UNDERTAKER (ADDRESS) Kenneth W. Koch. Fenton, Mo

20. FILED OCT 30 1937 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-28, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2:40 AM 10-28-37, 1937, to 5:45 AM 10-28, 1937

I last saw him alive on 10-28, 1937. Death is said to have occurred on the date stated above, at 5:45 A.m.

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

Date of onset

Prematurity (28 wk.)

(multiple Pregnancy)

Other contributory causes of importance:

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

(Signed) [signature], M. D.

(Address) Metropolitan Bldg.