

DEC 13 1937

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

Do not use this space.

39804

1. PLACE OF DEATH

County St. Louis Registration District No. 13781
Township Delgado Hospital Primary Registration District No. 791
City St. Louis (No. 1008) St. 23 Ward

File No. 0791
Registered No. 0791

2. FULL NAME

(a) Residence, No. 11707 S. 19th St. St. 23 Ward. (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) November 22, 1937

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. Still born

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) Still born

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

13. NAME Oscar Reinhold Haerling

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Wells, Mo

15. MAIDEN NAME Hilda Cecelinda Roth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Mary's, Mo

17. INFORMANT Oscar Reinhold Haerling (Address) 1707 South 24th St

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE Nov-23-37

19. UNDERTAKER Allen E. McLaughlin (Address) 2301 Lafayette

20. F. NOV 23 1937 J. A. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 22nd 1937

22. I HEREBY CERTIFY, That I attended deceased from at birth 11-23-37 to 19

I last saw him alive on Stillborn Death is said to have occurred on the date stated above, at 955th

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

2 loops of cord about baby's neck (diagnosis of fetal death made 1 wk before delivery)

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

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) Erwin T. Hulsberg, M. D.

(Address) 1325 South Grand Ave
St. Louis, Mo.

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.

