

DEC 13 1937

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

39819

Do not use this space.

1. PLACE OF DEATH

 (a) County Registration District No. **791**
 (b) Township **St. Louis** Primary Registration District No. **1008**
 (c) City (d) Street No. **City Hospital No. 1** St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
11534
Registered No. **10806**

2. PRINT FULL NAME

 Baby Aton
 (a) Residence, No. **303 Cedar** St. **22** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov 5, 1937**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
stillborn

 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **inf**
 9. Industry or business in which work was done, as 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**13. NAME **?**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME **Sallie Aton**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**17. INFORMANT (ADDRESS) **Hosp; Info M. Kent**18. BURIAL, CREMATION, OR REMOVAL PLACE DATE **City Hospital 11/30/37**19. FUNERAL DIRECTOR (ADDRESS) **Sand. Van ...**20. FILED 19 **Nov 23 1937** **J. P. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11/5/37** 19
 22. I HEREBY CERTIFY, That I attended deceased from **11/5/37**, 19, to **11/5/37**, 19.
 I last saw him alive on **11/5/37**, 19. Death is said to have occurred on the date stated above, at **9.10 p.m.**

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

Respiration
 Date of onset
 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) *John P. ...* M. D.
 (Address) **City Hospital No. 1**

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)