

JAN 10 1938

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

Do not use this space.

43081

1. PLACE OF DEATH St. Louis Maternity Hospital

County .....

Registration District No. ....

Township .....

Primary Registration District No. ....

City Saint Louis, Missouri

File No. ....

Registered No. 11331

St. .... Ward)

2. FULL NAME Infant Lewis

(a) Residence, No. 5106 Washington Blvd. St. 12 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)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-2-37

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min. Newborn 9 15

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) Saint Louis, Missouri (STATE OR COUNTRY)

13. NAME George William Lewis

14. BIRTHPLACE (CITY OR TOWN) Saint Clair, Missouri (STATE OR COUNTRY)

15. MAIDEN NAME Helen Valerie Smith

16. BIRTHPLACE (CITY OR TOWN) Saint Louis, Missouri (STATE OR COUNTRY)

17. INFORMANT Geo. J. Lewis (ADDRESS) 5106 Washington

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 12/2/37 19

19. UNDERTAKER Department of Pathology (ADDRESS) Washington University

20. FIELD DEC 9 1937 J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-2-37, 19....., to 12-2-37, 19.....

I last saw h.him alive on 12-2-37, 19..... Death is said to have occurred on the date stated above, at 12:30 p. m.

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

Prematurity

Other contributory causes of importance:

159

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

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) H. Hauptmann, M. D.

(Address) St. Louis Maternity

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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