

JAN 10 1938

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City..... (No.)

Registration District No.
Primary Registration District No. 1003
3630 1/2 Finney

File No.
Registered No. 43836
St. Ward)

2. FULL NAME

(a) Residence, No. 3630 1/2 Finney St., Ward 11
(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 colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 11-14-37

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Stillborn

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

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.

13. NAME Douglas Mikiel

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

15. MAIDEN NAME Frieda Orange

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

17. INFORMANT (ADDRESS) Douglas Mikiel 3630 1/2 Finney

18. BURIAL PLACE (CITY OR TOWN) (STATE OR COUNTRY) DATE CITY CEMETERY 12-30-37

19. UNDERTAKER (ADDRESS) David Van Fossen City of St. Louis

20. FILED DEC 29 1937 R. J. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/14, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11/14, 1937, to 11/14, 1937

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 7:45 a.m.

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

Other contributory causes of importance:
Name of operation none 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) St. E. O. O'Connell, M. D.
(Address) 3136 Chestnut

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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