

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

Do not use this space.

FEB 12 1938

791 /
1003

656
512

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. Jewish Hospital) St. Ward)

2. FULL NAME

Infant Fine
(a) Residence, No. 6284 Cates St. K.R. Ward. U. City, 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. da. How long in U. S., if of foreign birth yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14 1938

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

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to....., 19.....
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 7¹⁵ a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 14 1938

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

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

Other contributory causes of importance:
Narrow (contracted) pelvis (anlet only)

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) II. Total time (years) spent in this occupation

Name of operation Forceps Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

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

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.

FATHER 13. NAME Harry Fine

Manner of injury.....
Nature of injury.....

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....
(Signed) Wm. G. Threlkoff, M. D.
(Address) 3720 Washington

MOTHER 15. MAIDEN NAME Bess Radinsky

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

17. INFORMANT H. Fine (ADDRESS) 6284 Cates

18. BURIAL, CREMATION, OR REMOVAL PLACE Bnai Amoona DATE 1/16/38, 19.....

19. UNDERTAKER W. B. Berg (ADDRESS) 4715 21st St

20. FILED JAN 16 1938 Registrar J. G. Bredeck

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.

No embalming

A. D. Benz