

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

675
Do not use this space.

FEB 12 1938

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1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City, Saint Louis, Missouri Street No. Saint Louis Maternity Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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.

2. PRINT FULL NAME

Infant Dever
 (a) Residence, No. 6276a Famous Avenue St. 3 (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)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) - 1 - 9 - 38
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, 20 hrs. or 20 min.
OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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) Saint Louis, Missouri

FATHER
 13. NAME Joseph August Dever
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago, Illinois

MOTHER
 15. MAIDEN NAME Loretta Margaret Balvin
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

17. INFORMANT (ADDRESS) Joseph August Dever
6276a Famous Ave
 18. BURIAL, CREMATION, OR REMOVAL Washington Univ DATE 1-17-38

19. FUNERAL DIRECTOR (ADDRESS) Dept of Public Health
Washington Univ
 20. FILED 1-17-38 J. Bredbeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 9, 1938
 22. I HEREBY CERTIFY, That I attended deceased from 8:15 1-9, 1938, to 10:15 1-9, 1938
 I last saw him alive on 10:20 1-9, 1938. Death is said to have occurred on the date stated above, at 10:15 p.m.
 The principal cause of death and related causes of importance were as follows:

Immaturity
atelectasis
 Date of onset 1-9-38
 Other contributory causes of importance: 154

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) H. Hautsman M. D.
 (Address) St Louis Maternity Hosp

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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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.)