

FEB 12 1938

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

1281
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township **St. Louis** Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **Missouri Baptist** Registered No. **1137**
(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

Baby Kilzer 426
(a) Residence, No. **5577 Terry** St. **6** (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 **Single**
(If less than 1 day, hrs. or min.)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **none**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan 30, 1938**

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **none**
9. Industry or business in which work was done, as saw mill, bank, etc. **none**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

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

FATHER 13. NAME **James A. Kilzer**

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

MOTHER 15. MAIDEN NAME **Stella Garvelman**

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

17. INFORMANT **James E. Kilzer**
(ADDRESS) **5577 Terry Avenue**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Lake Charles** DATE **Jan 31 1938**

19. FUNERAL DIRECTOR **Shepard Funeral Home**
(ADDRESS) **1187 Hamilton Avenue.**

20. FILED **JAN 31 1938** **J. Bredeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 31 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 30 1938**, to **Jan 31 1938**
Last saw him alive on **Jan 30 A.**, 1938. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Prematurity Date of onset **1/30/38**

Other contributory causes of importance: **154**

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. F. Bergman**, M. D.
(Address) **3220 Washington**

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
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.

1 X12004

Not embalmed

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.)