

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

Do not use this space.

REC'D MAR 14 1938
PLACE OF DEATH

4647

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **4158 Delmar**) St. Ward) Registered No. **1292**

2. FULL NAME **Baby Davenport**
(a) Residence, No. **4158 Delmar** St. **151** Ward. **19**
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **-**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12-21-1937**

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

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **December 21, 1937**

I last saw h..... alive on..... Death is said to have occurred on the date stated above, at **7:30 p.m.**

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

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

Stillbirth

Date of onset

Premature

OCCUPATION 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.....

Other contributory causes of importance:

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

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

13. NAME **Roy Francis Davenport**

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

14. BIRTHPLACE (CITY OR TOWN) **Springfield, Mo.** (STATE OR COUNTRY)

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.

15. MAIDEN NAME **Freda Isabelle Calvin**

16. BIRTHPLACE (CITY OR TOWN) **Ozark, Mo.** (STATE OR COUNTRY)

17. INFORMANT **Roy F. Davenport** (ADDRESS) **4158 Delmar**

18. BURIAL, CREMATION, OR REMOVAL PLACE **W.O. Dept. Ob.** DATE **12-21-37**

Manner of injury.....

Nature of injury.....

19. UNDERTAKER **Wash. Univ.** (ADDRESS) **Anatomical Purpose**

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

20. FILED **FEB 4 1938** **J. Bredbeck** Registrar.

(Signed) **H. Sautman** M. D.

(Address) **St. Louis, Mo. 630 S. Kingshighway Blvd.**

Every year 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.

1292

1292

1292