REC'D MAR 24 1938

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

Do not use this space. 0

8081

96

1. PLACE OF DEATH

2 County St. Louis 1 Registration District No. 96 File No.

2 Township ~~Clayton~~ Primary Registration District No. Registered No. 228

City Clayton (No. St. Louis County Hospital St. Ward)

2. FULL NAME Jeanette Ruth Birch 620

(a) Residence, No. 231 Queen Street Webster Groves, 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-6-38

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
		27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil.

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) Mo. 0

FATHER

13. NAME Lee Birch 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 0

MOTHER

15. MAIDEN NAME Mildred Runion

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

17. INFORMANT (ADDRESS) Father

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill Cem DATE 2-4 1938

19. UNDERTAKER (ADDRESS) Mittleberg Fun Home Webster Groves Mo

20. FILED 2-3 1938 T. R. Meyer M. D. Sec. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-2-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-8-38, 19, to 2-2-38, 19

I last saw her alive on 2-2-38, 19. Death is said to have occurred on the date stated above, at 4:55P.M.

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

	Date of onset
Prematurity	1-6-38

159

Other contributory causes of importance:

Icterus Neonatorium	1-6-38
Mongolism	1-6-38

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

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 1

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. A. Nussbaum, M. D.

(Address) St. Louis Co. Hosp.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.