

REC'D APR 11 1938

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

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1003

9336
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis, Missouri (d) Street No. St. Louis Maternity Hospital St. 2925
(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 Beilmann, Infant Girl 455

(a) Residence, No. 434 N. Van Buren - Kirkwood, Mo. St. NR
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	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) <u>March 27, 1938</u>		
7. AGE YEARS	MONTHS	DAYS
Stillborn		If LESS than 1 day, hrs. or 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) <u>St. Louis, Missouri</u> (STATE OR COUNTRY)		
FATHER	13. NAME <u>Beilmann, August Philip</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>St. Louis, Missouri</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Adlon, Frances Mary</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>St. Louis, Missouri</u> (STATE OR COUNTRY)	
17. INFANT (ADDRESS) <u>Department of Pathology, 34 Washington University</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wash Univ</u> DATE <u>MAR 29 1938</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Dept of Pathology, Washington Univ</u>		
20. FILED <u>MAR 29 1938</u> <u>J. T. Braddock</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw him still born on 19..... Death is said to have occurred on the date stated above, at 1235 A m.
The principal cause of death and related causes of importance were as follows:
Intra uterine asphyxiation
Date of onset

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Routine 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? No
If so, specify
(Signed) John B. O'Hull, M. D.
(Address) 1222 Missouri Theater

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.

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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.)