

REC'D MAY 10 1938

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

Do not use this space.

13293

1. PLACE OF DEATH

County St. LouisRegistration District No. 7911003Township Mo.Primary Registration District No. Jewish HospitalCity St. Louis(No. 6)St. 6

Ward

2. FULL NAME Baby Bay Vishian 250(a) Residence, No. 5621 Wells St. 6 Ward.

(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 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) 4-3-387. AGE YEARS MONTHS DAYS IF LESS than 1 day, 1 hrs. or 30 min.

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

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY) 613. NAME Homer Wells Vishian 014. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY) 015. MAIDEN NAME Esther Navak16. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY) 017. INFORMANT Homer Wells Vishian (ADDRESS) 5621 Wells18. BURIAL, CREMATION, OR REMOVAL PLACE City Cem. DATE APR 27 193819. UNDERTAKER Ira Hamilton (ADDRESS) City Health Dept.20. FILED APR 27 1938 19. J. D. Brudick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-3-38, 19

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

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 10:30 p.m.

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

Prematurity (not-niall)

Date of onset

Other contributory causes of importance:

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) David Roffman M. D.(Address) Jewish Hospital

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.

