REC'D MAY 10 1938

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

13309
Do not use this space.

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis, Mo.
Registration District No. 791
Primary Registration District No. 1003
Registered No. 3913
(d) Street No. City Hospital #1 St.
(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 Baby Joseph 210
(a) Residence, No. 4931 a Genevieve St. 7
(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 Fem.
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) New Born
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/9/38
7. AGE YEARS ~~26 days~~ MONTHS DAYS 26 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nil
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) (STATE OR COUNTRY) City Hospital St. Louis, Mo. 0

FATHER
13. NAME ? 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 0

MOTHER
15. MAIDEN NAME Dorothy Joseph
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) City

17. INFORMANT (ADDRESS) Hosp. info. M. Williams City Hospital #1
18. BURIAL, CREMATION, OR REMOVAL PLACE City Crematory DATE 4-28 1938
19. FUNERAL DIRECTOR (ADDRESS) Frank Frazier City Hospital Morgue
20. FILED APR 27 1938 J. F. Bredeck Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 3/9/38, 19..., to 4/4/38, 19...
I last saw her alive on 4/4/38, 19... Death is said to have occurred on the date stated above, at 5:40 A.M.
The principal cause of death and related causes of importance were as follows:

Premature

Date of onset

Other contributory causes of importance:

Syphilis of newborn

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) R. J. Sanderson, M. D.
(Address) 1515 Lafayette

(Licensed Embalmer's Statement on Reverse Side)

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.

I X12804

## 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.)**