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.

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

REC'D AUG 12 1938

23310
Do not use this space.

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
(d) Street No. City Hospital No. 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.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 6004

D. 4639

2. PRINT FULL NAME Baby Delia 400
(a) Residence, No. 5331 Wilson St. 13
(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) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3, 1938
7. AGE YEARS stillborn MONTHS DAYS 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. nil
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) St. Louis, Missouri

FATHER
13. NAME Sam Delia 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy 6

MOTHER
15. MAIDEN NAME Annie ? 6
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

17. INFORMANT (ADDRESS) Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL
PLACE SS. Peter & Paul DATE July 5 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Paul C. Calcaterra 5142 Dayton

20. FILED JUL 5 1938 J. P. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/3/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 7/3/38, 19 to 7/3/38, 19
I last saw her alive on 7/3/38, 19 Death is said to have occurred on the date stated above, at 10.50 p.m.
The principal cause of death and related causes of importance were as follows:

Prolapse cord
Stillborn

Date of onset

Other contributory causes of importance:

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

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. L. Engel, M. D.
(Address) City Hospital No. 1

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

Not Embalmed, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Paul C. Calcaterra

Licensed Embalmer No. 2379

P. O. Address 5142 Doggett ave

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.)

If this body is not embalmed, above space should be left blank.