REC'D AUG 12 1938

St. Louis Maternity Hospital -

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

791

23776

Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 6470

(c) City St. Louis, Missouri (d) Street No. St. Louis Maternity Hospital 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 Daffron, Infant 165

(a) Residence, No. Chesterfield, Mo. Route # 1 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

8 25 am

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13, 1938

7. AGE: Stillborn — YEARS — 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.

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 Daffron, John Henry Calloway County

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mokane, Missouri

MOTHER

15. MAIDEN NAME Consley, Minnette Lenora

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

17. INFORMANT (ADDRESS) John H. Daffron Chesterfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wash. Univ DATE JUL 20 1938

19. FUNERAL DIRECTOR (ADDRESS) Dept of Pathology Wash Univ

20. FILED JUL 20 19 J. P. Bredick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Not definitely known ~~Approx~~ 7/12, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7/13, 1938, to 7/13, 1938.

I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at 825 m.

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

Missed abortion.

Date of onset

Other contributory causes of importance:

Placenta Circumvallata

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? No

If so, specify .....

(Signed) A R Bartnick, M. D.

(Address) 630 S. Kingshighway

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-7-20-37 I X12004

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.)