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

Do not use this space.

23991

File No. 6685

Registered No.

Registration District No. 1003

Primary Registration District No.

791

REC'D AUG 12 1938

1. PLACE OF DEATH

County St. Louis

Township

City St. Louis, MO. (No. St Marys Infirmary St. Ward)

2. FULL NAME Stillborn Crutchfield 632

(a) Residence, No. 4222 B Fairfax St., 11 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Colored	Newborn

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July - 12 - 1938

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
Newborn				

OCCUPATION

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. (STATE OR COUNTRY) Missouri 0

FATHER

13. NAME Lee Crutchfield 1

14. BIRTHPLACE (CITY OR TOWN) Nashville (STATE OR COUNTRY) Tennessee 0

MOTHER

15. MAIDEN NAME Jeannette Hurd

16. BIRTHPLACE (CITY OR TOWN) St. Louis. (STATE OR COUNTRY) Missouri

17. INFORMANT Lee Crutchfield (ADDRESS) 4222 B Fairfax

18. BURIAL, CREMATION, OR REMOVAL

PLACE City Cem DATE 7-28 1938

19. UNDERTAKER Sara Hamilton (ADDRESS) City Health Dept

20. FILED JUL 27 1938 J. D. Riedel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July - 12 - 1938

22. I HEREBY CERTIFY, That I attended ~~deceased from~~ Delivery of Stillborn Inf. at ~~Last saw b. alive~~ Birth ~~at~~ ~~Death~~ is said to have occurred on the date stated above, at 3:30 p.m.

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

Prolapse cord and hand presentation.

Date of onset

Other contributory causes of importance:

Spontaneous Rupture of membranes.

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) D. E. Davis, M. D.

(Address) 3168 Chouteau

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

100M-3-23-36