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.

REC'D FEB 10 1939

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

Do not use this space.

753

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 753

Township ..... Primary Registration District No. ..... Registered No. 753

City St. Louis, Mo. (No. Mo. Baptist Hospital St. ..... Ward)

2. FULL NAME 320 Rosemary Cates

(a) Residence, No. St. Clair, Mo. St., NR 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: girl
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) Jan. 3, 1939

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 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) (STATE OR COUNTRY) St. Louis, Mo. 0

FATHER
13. NAME James Thomas Cates 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doss, Mo. 0

MOTHER
15. MAIDEN NAME Sarah Frances Bailey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin, Co., Mo.

17. INFORMANT (ADDRESS) James T. Cates Missouri Baptist Hospital St Clair Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cem. DATE 1-26 1939

19. UNDERTAKER (ADDRESS) Ira Hamilton City Health Dept.

20. FILED JAN 25 1939 J. F. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Stillborn 1/3/39

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1939, to ....., 19....

I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at 1221 A m.

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

Mother has Diabetes Mellitus and baby was apparently dead several weeks before she was brought to the Hospital from St. Clair, Mo.

Date of onset

Other contributory causes of importance:
The Skin was badly macerated.

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) H. M. Loewenstein M. D.

(Address) Wall Bldg. St. Louis Mo.