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 MAY 10 1939

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

791
1003

Do not use this space.

13079

1. PLACE OF DEATH
County
Township
City St. Louis Mo (No. 4242 Delmar St. Ward)
Registration District No.
Primary Registration District No.
File No.
Registered No. 3421

2. FULL NAME Baby Cachero
(a) Residence, No. 4242 A Delmar St., 19 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 M
4. COLOR OR RACE W
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) 4-11-1939

7. AGE YEARS MONTHS DAYS Stillborn
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.

FATHER
13. NAME Constante Cachero
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phillipine Island

MOTHER
15. MAIDEN NAME Sabina Malone
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville, Tenn

17. INFORMANT Constante Cachero
(ADDRESS) 4242A DELMAR.

18. BURIAL, CREMATION, OR REMOVAL
PLACE LAKE CHARLES CEM DATE 4-12 1939

19. UNDERTAKER A. H. Hoppe Inc.
(ADDRESS) 4700 Washington

20. FILED APR 12 1939 J. F. Bredick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-11, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3 30 m. p
The principal cause of death and related causes of importance were as follows:

	Date of onset
Stillborn	

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? 1
If so, specify
(Signed) James A. Forsen M. D.
(Address) 3903 Olive St.

Form blank signed