

REC'D JUL 12 1939

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

Do not use this space.

1. PLACE OF DEATH St. Louis Maternity Hospital

791

County

Registration District No.

1003

Township

Primary Registration District No.

City St. Louis, Missouri

File No.

20515

Registered No.

5359

St. Ward)

2. FULL NAME <sup>352</sup> Stimson, Infant

(a) Residence, No. 5018 Lindenwood Avenue

14

Ward.

(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

White

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15, 1939

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

Stillborn

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

Stimson, George Henry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis, Mo

MOTHER

15. MAIDEN NAME

Grund, Georgia Edna

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis, Mo

17. INFORMANT (ADDRESS)

Mrs. H. Stimson  
5018 Lindenwood

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bellefontaine DATE 6/16/39

19. UNDERTAKER (ADDRESS)

Alexander & Sons  
6175 Delmar Blvd

20. FILED JUN 16 1939

J. B. Rudek Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 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 11:15 a.m.

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

Stillborn  
40 weeks

Date of onset

Other contributory causes of importance:

Congenital malformation of umbilical cord &amp; liver.

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) Melvin A. Povey, M. D.

(Address) 3720 Washington

MARION RESERVED FOR BIDDING  
WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORDV. S. NO. 2  
50M-10-22-38  
I X3314

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.

Not Embalmed

Jos. E. McCulloch # 2468

St Louis Mo.

6176 Delmar