REC'D JUL 12 1939

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

Do not use this space.

Registration District No. 791
Primary Registration District No. 1003

File No. 20613
Registered No. 5457

1. PLACE OF DEATH

County .....

Township .....

City Saint Louis, Mo. (No. 320 Saint Louis Maternity Hospital Ward)

2. FULL NAME Infant Pedigo

(a) Residence, No. 2512 Valley Street St., NR Ward. Maplewood, Missouri
(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: Male

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) May 29, 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) St. Louis
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Roy Lee Pedigo

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

MOTHER

15. MAIDEN NAME ~~Marjorie Lovine Gilbert~~

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

17. INFORMANT Roy Lee Pedigo
(ADDRESS) 2512 Valley St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wash. Univ. DATE 6-19 1939

19. UNDERTAKER Dept. of Pathology
(ADDRESS) Wash. University

20. FILED JUN 19 1939 J. D. Bullock Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29, 1939

22. ~~I HEREBY~~ CERTIFY, That I attended deceased from March 28, 1939, to May 29, 1939

I last saw h..... alive on 5-29-1939 Death is said to have occurred on the date stated above, at 6-55 m.

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

	Date of onset
Gestation 22 weeks	
Prematurity	

Other contributory causes of importance:

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) Kenneth C. Morrow, M. D.

(Address) 4932 Maryland Ave.

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

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