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 NOV 13 1939

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

Do not use this space.

33973

1. PLACE OF DEATH
County St. Louis, Mo. Registration District No. 791
Township Primary Registration District No. 1003 File No.
City St. Louis, Mo. (No. Mo. Baptist Hospital St. Registered No. 8511 Ward)

2. FULL NAME Baby Kordik 652
(a) Residence, No. 4106 Minnesota St., 15 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 15 min, 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4th 1939
7. AGE YEARS 15 min. MONTHS DAYS If LESS than 1 day, ... hrs. or 15 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 Erwin August Kordik
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

MOTHER
15. MAIDEN NAME Helen Louise McCuan.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Southern Illinois

17. INFORMANT (ADDRESS) Erwin A. Kordik 4106 Minnesota
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvery DATE 10-4-39, 19
19. UNDERTAKER (ADDRESS) Alexander & Sons 6175 Delmar Blvd.
20. FILED OCT 4 1939 J. F. Bulick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-4-, 1939
22. I HEREBY CERTIFY, That I attended deceased from Oct. 4, 1939, to Oct 4, 1939
I last saw him alive on Oct 4, 1939. Death is said to have occurred on the date stated above, at 7:00 A.M.
The principal cause of death and related causes of importance were as follows:
Premature Birth
Date of onset
Other contributory causes of importance:
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? [illegible]

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) J. J. Kegard, M. D.
(Address) 1873 Cass

Not Embalmed

John Bentley 3653

St. Louis Mo