

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

Do not use this space.

37200

1. PLACE OF DEATH

County St. Louis  
Township Richmond Heights  
City 160 Died Unnamed (No. 1)

Registration District No. 7849  
Primary Registration District No. 11

File No. \_\_\_\_\_  
Registered No. 1750 St. \_\_\_\_\_ Ward)

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St., \_\_\_\_\_ 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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) INFANT  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-5-39  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0 hrs. 43 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) Richmond Heights, Mo. (STATE OR COUNTRY)

MOTHER FATHER 13. NAME Charles Louis Weber

14. BIRTHPLACE (CITY OR TOWN) Westerbrooks, Mo. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Grace Pauline Quest

16. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY)

17. INFORMANT Charles Weber (ADDRESS) 26218 Nebraska

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE Oct 6 1939

19. UNDERTAKER Shordutis (ADDRESS) 2906

20. FILED OCT 6 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/5 1939

22. I HEREBY CERTIFY, That I attended deceased from 10/5, 1939, to 10/5, 1939  
I last saw him alive on Oct 4, 1939 Death is said to have occurred on the date stated above, at 9:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Date of onset \_\_\_\_\_  
Premature Birth  
159  
Other contributory causes of importance: \_\_\_\_\_

Name of operation no 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) J. Kollman M.D. M. D.  
(Address) 35 W. Big Bend Rd. Webster Groves, Mo.

B.C.

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.

