

20 1939

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

Do not use this space.

37208

1. PLACE OF DEATH  
 County St. Louis Registration District No. 784  
 Township Richmond Primary Registration District No. 111  
 City St. Marys Hosp. (No. 111) (St.          Ward         )

2. FULL NAME Baby Therese  
 (a) Residence, No. 729 Fieldston Ave 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 Male  
 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 19 - 39

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 1 hrs. or 32 min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
 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) Richmond Heights Mo

FATHER  
 13. NAME William R. Therese  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo

MOTHER  
 15. MAIDEN NAME Adelle Mighenfelder  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

17. INFORMANT William Therese  
 (ADDRESS) 729 Fieldston Nebasis

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Cabary DATE 10/21, 1939

19. UNDERTAKER W. U. Stock and Co  
 (ADDRESS) 2417 Grand Blvd

20. FILED OCT 20 1939 W. R. Meyer, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from 5:45 PM Oct 19, 1939, to Oct 19, 1939  
 I last saw him alive on Oct 19, 1939. Death is said to have occurred on the date stated above, at 7:10 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Fetal anomaly  
(Pre-auricular hair left  
cleft palate - Partial  
anencephaly) Date of onset         

Other contributory causes of importance:  
157 L

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) William Paul Stude!, M. D.  
 (Address) 534 North Grand

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

W. H. Work