

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

Do not use this space.

38645

1. PLACE OF DEATH

County St. Louis
 Township St. Louis
 City St. Louis (No. 1002)

Registration District No. 399
 Primary Registration District No. 1002
 Precinct Presley

File No. _____
 Registered No. 4409
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1002 Presley 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov-19-39</u>		
7. AGE	YEARS <u>0</u>	MONTHS <u>0</u>
	DAYS <u>0</u>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Child</u>
	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

MOTHER FATHER
13. NAME Carl Bruffett

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

15. MAIDEN NAME Leona May Brown

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

17. INFORMANT (ADDRESS)
Carl Bruffett

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Home DATE Nov 19 39

19. UNDERTAKER (ADDRESS)
James H. Anderson

20. FILED Nov 19 39 M. M. Kerowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17 39

22. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1939, to Nov 17, 1939
 I last saw him alive on Nov 17, 1939 Death is said

to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Prematurity (7 months)
159
 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? _____
 If so, specify _____

(Signed) Frank H. Hager, M. D.
 (Address) 510 Prof. Bldg

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.

