

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

Do not use this space.

**1. PLACE OF DEATH**

County.....  
 Township.....  
 City, St. Louis MO (No. 1430 W. N. 21st St)  
 Registration District No. 291  
 Primary Registration District No. 1000  
 File No. 41941  
 Registered No. 11064  
 St. .... Ward)

**2. FULL NAME**

Benjamin Stillborn  
 (a) Residence, No. 1430 W. N. 21st St St. 21 Ward.  
 (Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE Cal. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Stillborn

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Stillborn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-6-1939

7. AGE YEARS MONTHS DAYS 14 11 15  
 If LESS than 1 day, .... hrs. or .... min.

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) 1430 W. N. 21st St St. Louis MO

13. NAME Harriet Stillborn

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

15. MAIDEN NAME Margaret Lane

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

17. INFORMANT (ADDRESS) 1430 W. N. 21st St

18. BURIAL, CREMATION, OR REMOVAL PLACE CITY CEMETERY DATE DEC 27 1939

19. UNDERTAKER (ADDRESS) Dr. Hamilton City Health Dept

20. FILE DEC 27 1939 J. D. Beckwith Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-6-39 1939

22. I HEREBY CERTIFY. That I attended deceased from 12-6-39 1939 to 12-6-39 1939  
 I last saw h. Stillborn alive on ....., 19..... Death is said to have occurred on the date stated above, at 12:30 P.M.

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

Stillborn  
Stillborn  
 Other contributory causes of importance:  
Stillborn

Name of operation none Date of .....

What test confirmed diagnosis? .....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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 .....

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify .....

(Signed) J. E. Edwards M. D.  
 (Address) 1430 W. N. 21st St

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.

