

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF STILLBIRTH
(COMBINATION BIRTH AND DEATH CERTIFICATE)

Registration District No. 284 Primary Registration District No. 101 Registrar's No. 4

1. PLACE OF STILLBIRTH:
(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write RURAL and name of township)
(c) Name of hospital or institution:
St. Louis Co. Hospital
(If not in hospital or institution, give street number or location)
(d) Mother's stay before delivery in hospital or institution —
(Specify whether years, months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Mo
(b) County St. Louis
(c) City or town Ke May
(If outside city or town limits, write RURAL)
(d) Street No. 139 E Holden
(If rural, give location)

PRINT 69A
3. Full name of child Baby Yourko
5. Sex: Female
6. Twin or — so-born 1st, triplet, 2d, or 3d
7. Number months of pregnancy 9 1

4. Date of stillbirth 11 26 1939
(Month) (Day) (Year)
8. Is mother married? yes

PRINT FATHER OF CHILD
9. Full name Michael Yourko
10. Color or race W
11. Age at time of this birth 44 yrs.
12. Birthplace Germany
(City, town, or county) (State or foreign country)
13. Usual occupation laborer
14. Industry or business

PRINT MOTHER OF CHILD
15. Full maiden name Caroline Hoffmann
16. Color or race W
17. Age at time of this birth 36 yrs.
18. Birthplace Munich Germany
(City, town, or county) (State or foreign country)
19. Usual occupation housework
20. Industry or business

21. Children born to this mother: (Not including this stillbirth) 1
(a) How many children of this mother are now living? 1
(b) How many children were born alive but are now dead? 0
(c) How many other children were born dead? 0

22. Mother's usual mailing address
139 E Holden
Ke May
mo

23. Did child die before labor? No During labor? yes
24. Pregnancy, complications of none
25. Labor: (a) Complications of none
(b) Induced? —
26. (a) Was there an operation for delivery? no (Yes or No)
(b) State all operations, if any —
(c) Did child die before operation? — or during operation? —

27. Cause of stillbirth (state only morbid conditions causing fetal death. Do not use such terms as prematurity, asphyxia, etc.):
(a) Fetal causes —
(b) Maternal causes prolapsed cord
28. I hereby certify that I attended the birth of this child who was born dead at the hour of 1:45 p.m. on the date above stated.
Signature R. J. Rosow M.D.
(Specify if M.D., midwife or other)
Address St. Louis Co Hospital

29. (a) Informant Caroline Hoffmann
(b) Address 139 E Holden
30. (a) Burial, cremation, or removal Removal (b) Date 11-27-39
(Specify Month, Day, Year)
(c) Place of burial or cremation North in St. Louis
31. (a) Signature of funeral director W. H. Brown M.D.
(b) Address —

32. (a) Statement of local registrar or coroner if physician was not present at stillbirth —
(b) Signature —
33. Date filed with local registrar DEC 8 - 1939
34. Registrar's own signature W. H. Brown M.D.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY—UNFADING BLACK INK—MAKE A PERMANENT RECORD

