

Form No. 140
2M
1-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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

44674

State File No. _____

JAN 22 1940

Registration District No. 7 Primary Registration District No. 111 Registrar's No. _____

1. PLACE OF STILLBIRTH:

(a) County St. Louis !

(b) City or town Rehman Heights
(If outside city or town limits, write RURAL and name of township)

(c) Name of hospital or institution;
St. Mary's Hosp.
(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 1

(b) County Perry

(c) City or town Perryville
(If outside city or town limits, write RURAL)

(d) Street No. 22 Water St.
(If rural, give location)

PRINT 451 Un named

3. Full name of child

5. Sex: Male

6. Twin or triplet triplet If so—born 1st, 2d, or 3d

7. Number months of pregnancy 7

4. Date of stillbirth 12-10-39
(Month) (Day) (Year)

8. Is mother married? yes

PRINT FATHER OF CHILD

9. Full name ALVIN L. Kump

10. Color or race w

11. Age at time of this birth 35 yrs.

12. Birthplace Perryville Mo
(City, town, or county) (State or foreign country)

13. Usual occupation Trucking Co. operator

14. Industry or business _____

PRINT MOTHER OF CHILD

15. Full maiden name Helen M. Lottes

16. Color or race w

17. Age at time of this birth 51 yrs.

18. Birthplace Perryville Mo. C.
(City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother: (Not including this stillbirth)

(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
22 Water St.
Perryville
MO

23. Did child die before labor? yes During labor?

24. Pregnancy, complications of None

25. Labor: (a) Complications of none
(b) Induced? No

26. (a) Was there an operation for delivery? No
(b) State all operations, if any _____ (Yes or No)

(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 Don't know

(b) Maternal causes _____

28. I hereby certify that I attended the birth of this child who was born dead at the hour of _____ m. on the date above stated.

Signature May Jones
(Specify if M.D., midwife or other)

Address 4500 Olive St. St. Louis Mo

29. (a) Informant ALVIN Kump

(b) Address Perryville Mo

30. (a) Burial, cremation, or removal Buried (b) Date Dec 11 39
(Month Day Year)

(c) Place of burial or cremation Perryville Mo

31. (a) Signature of funeral director Yamamoto

(b) Address Perryville Mo

32. (a) Statement of local registrar or coroner if physician was not present at stillbirth _____

(b) Signature _____ Title _____

33. Date filed with local registrar _____

34. Registrar's own signature _____

MARGIN RESERVED FOR BINDING

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

WRITE PLAINLY—UNFADING BLACK INK—MAKE A PERMANENT RECORD

