

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

Do not use this space.

34754

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis No. City Hospital #2 St. 26 Ward.....

File No.....
 Registered No. 9880
 St. Ward.....

2. FULL NAME

(a) Residence. No. 2829 N. 15 St., 26 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 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) Nov 4 - 1927

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, 9 hrs. or min. 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... none
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

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

10. NAME OF FATHER Martin White

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Georgia Gray

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri

14. INFORMANT (Address) Edna
City Hospital

15. NOV - 5 1927 FILED 1927 May C. Starks
 REGISTERED

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 4 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 4 1927 to Nov 4 1927 that I last saw him alive on Nov 4 1927, and that death occurred, on the date stated above, at 2 - P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Prematurity about 7 mos.
159 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 16101
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED?
 IF NOT AT PLACE OF DEATH.....

4 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Henry C. Westerman, M. D.
11.4.1927 (Address) City Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cemetery DATE OF BURIAL 11/5 1927

20. UNDERTAKER Arthur J. Donnelly ADDRESS 2039 Wash St

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

white #2