

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

Do not use this space.

29318

1. PLACE OF DEATH

County.....

Registration District No. 701

File No.

Township.....

Primary Registration District No. 1003

Registered No. 8464

City St. Louis (No.)

St. Ward

2. FULL NAME

Baby Maurice

(a) Residence. No. 7371a Garfield St. 11 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

Male

4. COLOR OR RACE

Negro

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

infant

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

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

8-4-129

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, 3 hrs. or 15 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(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)

Missouri

10. NAME OF FATHER

Samuel Mance

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

Dorothy Penathan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

Missouri

14.

INFORMANT

(Address)

O. W. Johnson, M. D.

7003 7a Firney

15.

FILED

19

May O. Starker

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

8-4th-1929

17.

I HEREBY CERTIFY, That I attended deceased from

8-4th-1929 to 19

that I last saw him alive on 8-4th-1929 and that death occurred, on the date stated above, at 6 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Unknown

157

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Premature

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

16th at place of death

DID AN OPERATION PRECEDE DEATH? NO DATE OF

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS

none

(Signed) Oscar William Johnson, M. D.

6-19-29 (Address) 4037a Firney

*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

DATE OF BURIAL

NOT KNOWN

8-22-1929

20. UNDERTAKER

ADDRESS

B. Sharon, 1426 Carroll

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.

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