

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.

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1002
 City St. Louis, Mo. (No. Lutheran Hosp.)

33153
 File No.
 Registered No. 10054
 St. Ward)

2. FULL NAME

Baby Zachere
 (a) Residence, No. 5935 Marwinette St., 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 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) Sept. 26 - 1931
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, + hrs. or - min.
1 + + + +

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. new-born -
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY)

13. NAME Paul F. Zachere

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

15. MAIDEN NAME Clara Tiego

16. BIRTHPLACE (CITY OR TOWN) Madwinette (STATE OR COUNTRY)

17. INFORMANT Paul F. Zachere (ADDRESS) 5935 Marwinette

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis Burial Pl. DATE 9-26, 1931

19. UNDERTAKER Ziegenhain Bros. (ADDRESS) 2617 1/2 S. Duquesne St.

20. FILED SEP 28 1931 New E. Starkey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 26, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1931, to Sept. 26, 1931.
 I last saw him alive on Sept. 26, 1931. Death is said to have occurred on the date stated above, at 2:52 a.m.
 The principal cause of death and related causes of importance were as follows:

Prematurity (33.5 wks.)

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Other contributory causes of importance:
Toxaemia of mother (Pre & Eclampsia)

Name of operation..... Date of.....
 What test confirmed diagnosis? W. & H. 125 Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... 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.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify.....

(Signed) [Signature], M. D.
 (Address) 601 Union Club Bldg.

