

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

Do not use this space.

11051

1. PLACE OF DEATH

County St. Louis

Registration District No. 1170

Township Richmond Heights

Primary Registration District No. 63

City Richmond Heights

St. St. Marys Hosp. Ward

File No. _____

Registered No. 48

St. _____ Ward

2. FULL NAME

Baby Fugate

(a) Residence No. 4227 N. 9th 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)

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

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

3/5/33

7. AGE

YEARS _____

MONTHS _____

DAYS _____

IF LESS than 1 day, 4 hrs. or 20 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)

(STATE OR COUNTRY)

George Fugate
Richmond Heights, Mo.

10. NAME OF FATHER

George Fugate

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mc Roberts, Ky

12. MAIDEN NAME OF MOTHER

Stella Pouch

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Happapello, Mo.

14.

INFORMANT

(Address)

George Fugate
4227 N. 9

15.

FILED

3/6 33 Roll J. Ambruster
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

3/5 19 33

17.

I HEREBY CERTIFY, That I attended deceased from 12:30 am of 3/5/33, 1933, to 4:40 am of 3/5/33, 1933, that I last saw h. _____ alive on _____, 1933, and that death occurred, on the date stated above, at 4:40 am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

159
Prematurity (30 to 32 wks.)

CONTRIBUTORY (SECONDARY)

159

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

D DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Bernard H. Gerwitz M. D.

, 19 (Address) 6420 Clayton

*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

Calvary

3/6 19 33

20. UNDERTAKER

ADDRESS

Stock-Union

21176 Grand

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.

APR 28 1933

