

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.

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

Do not use this space.

APR 9 1935

791

11218

1. PLACE OF DEATH

County Registration District No. **1003**
Township Primary Registration District No. **2**
City **St. Louis Mo** (No. **City Hospital #2**)

File No.
Registered No. **2875**
St. Ward)

2. FULL NAME

(a) Residence, No. **1414-71-16th St 25** 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)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 3-1935**

7. AGE YEARS MONTHS DAYS If LESS than 1 day / ~~24~~ hrs. or min. **1**

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

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

MOTHER FATHER 13. NAME **Charles Corrigan**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo**

MOTHER 15. MAIDEN NAME **Catherine Glass**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo**

17. INFORMANT (ADDRESS) **Judy Jenkins 2945 - Lawton Blvd**

18. BURIAL, CREMATION, OR REMOVAL

CITY CEMETERY DATE **MAR 28 1935**

19. UNDERTAKER (ADDRESS) **Funeral City Station**

20. FILED **MAR 27 1935** **J. T. Brebeck** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 4th 1935**

22. I HEREBY CERTIFY, That I attended deceased from **3-3-1935** to **3-4-1935**

I last saw him alive on **3-4-1935** Death is said to have occurred on the date stated above, at **7:15 a.m.**

The principal cause of death and related causes of importance were as follows:

New born
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Prematurity

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? **Yes**

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) **J. Owen Blanche**, M. D.
(Address) **2945 - Lawton Blvd**

Date of onset
3-3-35

