

JAN 13 1936

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

Do not use this space.

791
1003

41544
10788

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis, Mo. (No. St. Louis Children's Hospital St. Ward)

2. FULL NAME Birdella Washington

(a) Residence, No. 2019 Division 9 St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 2 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-5-27
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 7 2 13
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.
Washington
13. NAME H.M. (Deceased)
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
15. MAIDEN NAME Birdie (unk)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT M. Merschnann
(ADDRESS) 500 S. Kings Highway
18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE 12-21 1935
19. UNDERTAKER Arthur
(ADDRESS) 1027 N. Plummer
20. FILED DEC 21 1935 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-18 1935
22. I HEREBY CERTIFY, That I attended deceased from 12-3 1935, to 12-18 1935.
I last saw h. c. alive on 12-18 1935. Death is said to have occurred on the date stated above, at 6:15 a.m.

The principal cause of death and related causes of importance were as follows:
meningitis
congenital heart disease
bronchopneumonia
pericarditis

Date of onset Birth
Birth
4 weeks

Other contributory causes of importance: 157C
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury 19.....
Where did injury occur? Mo (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 all
(Signed) W. E. Loveloff M. D.
(Address) 500 S. Kings Highway

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.

