

APR 11 1936

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

Do not use this space.

791

13177

1. PLACE OF DEATH

County..... Registration District No. **1003**
Township..... Primary Registration District No. **1003**
City..... *St. Louis Children's Hospital* St. Ward) **3260**

2. FULL NAME

(a) Residence, No. *4120 N. Newstead* Ward. **10**
(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 *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *S*
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan. 11, 1936*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
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. *Child*
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*

13. NAME *Seth Reynolds*

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

15. MAIDEN NAME *Myrtle Williams*

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

17. INFORMANT (ADDRESS) *J. K. Blum*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Lakewood Park* DATE *March 26, 1936*

19. UNDERTAKER (ADDRESS) *McLaughlin*

20. FILED *2301 Lafayette*
J. Bredbeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar. 24, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *1-4-36*, 1936 to *3-24-36*, 1936

I last saw him alive on *3-24-36* Death is said to have occurred on the date stated above, at *5 1/2* pm.

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

Acidosis, non-diabetic
Broncho-pneumonia

Date of onset

Other contributory causes of importance: *1070*

Name of operation..... Date of.....

What test confirmed diagnosis? *Alcohol* 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) *W. E. Selig*, M. D.

(Address) *500 S. Broadway*

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.

WHITE PRINTED, WITH IMPROVED INSTRUMENTS IS A PERMANENT RECORD

MAR 25 1936

