St Louis Maternity Hospital

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

Do not use this space.

OCT 5 1936

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1. PLACE OF DEATH

County ..... Registration District No. ..... File No. 9196

Township ..... Primary Registration District No. 1003 Registered No. .....

City St. Louis, Mo (No. St Louis Mat Hosp St. ..... Ward)

2. FULL NAME Infant Williams

(a) Residence, No. 2404 N. Newstead Ave St., 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Colored
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) Aug 5, 1936

7. AGE — YEARS: — MONTHS: — DAYS: 5 — If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME Williams, Sam
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Orleans, La

MOTHER
15. MAIDEN NAME Lightfoot, Dolly Mae
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fort Valley, Ga

17. INFORMANT (ADDRESS) William Sam 2404 N. Newstead

18. BURIAL, CREMATION, OR REMOVAL PLACE St Louis Maternity 8/9/36

19. UNDERTAKER (ADDRESS) Dept of Pathology

20. FILED SEP 4 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 5, 1936, to August 9, 1936. I last saw him alive on August 9, 1936. Death is said to have occurred on the date stated above, at 9 50 A m.

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

Intracranial Hemmorrhage (Birth Injury) — Date of onset 8-5-36

Other contributory causes of importance:

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

What test confirmed diagnosis? Post Mortem 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? no.
If so, specify .....

(Signed) A R Bartnick, M. D.
(Address) St. Louis Maternity Hospital

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.

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