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.

MAR 12 1936

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

1867

791

1003

Do not use this space.

File No. 47821

Registered No. 1482

1. PLACE OF DEATH

County

Township

City St Louis (No. Central Hospital St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Infant of George and Cecelia Schwartz (Stillborn)

(a) Residence, No. 1288 Sells ave St., 8 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: Female

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) Feb 9th 1936

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

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. no

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 George Schwartz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER

15. MAIDEN NAME Cecelia Jeffrey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) George Schwartz 1288 Sells ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE 2/10 1936

19. UNDERTAKER (ADDRESS) Arthur J Donnelly 3840 Lindell Blvd

20. FILED FEB 10 1936, 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 9, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from Stillborn, 19....., to Full term, 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 2:15 a m.

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

	Date of onset
Asphyxiation.	

Other contributory causes of importance: Caused from pressure on the cord during delivery.

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?..... 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. E. Raines, M. D.

(Address) 320 Metropolitan Bldg.

Dr [illegible]
[illegible]
[illegible]
[illegible]