

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

Do not use this space.

JUL 8 - 1937

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis

(No. City Hospital No. 2)

File No. 22016

Registered No. 5768

St. .... Ward)

2. FULL NAME Baby McDonald

(a) Residence, No. 4326 Easton St. 11 Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-6-1937

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

22. I HEREBY CERTIFY, That I attended deceased from 5-6-1937 to 5-6-1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-8-37

I last saw h. .... alive on ..... 19..... Death is said to have occurred on the date stated above, at 9:45 P.M.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.

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

8. Trade, profession, or particular kind of work done, as planer, 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

Stillborn Prematurity 5-6-37 Date of onset

Other contributory causes of importance:

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

13. NAME Unknown

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

What test confirmed diagnosis? Clinical Was there an autopsy? NO

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

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.

15. MAIDEN NAME Pearl McDonald

16. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY)

17. INFORMANT Ruby Perdeau (ADDRESS) 2945 Lawton

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE June 12, 1937

Manner of injury.....

Nature of injury.....

19. UNDERTAKER J. Ryan (ADDRESS) City infirmary

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify

(Signed) J. Owen Blache, M. D.

20. FILED JUN 11, 1937 J. Bredeck Registrar.

(Address) 2945 Lawton

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY HOW and WHERE they were called. DO NOT SIGN unless you have personally examined the body.

11/31

100