AUG - 5 1937

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

Do not use this space.

791

26093

1. PLACE OF DEATH

County ..... Registration District No. 1008 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 7267

City ST. LOUIS MISSOURI (No. ST. LOUIS CHILDREN'S HOSPITAL St. ..... Ward)

2. FULL NAME BABY GIRL ZASTROU

(a) Residence, No. 5015 Davison St., 7 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: 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: child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 7-27-37

7. AGE: YEARS | MONTHS | DAYS: 2 | 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.: 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 Missouri

FATHER

13. NAME: Ralph J. Zastrou

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

MOTHER

15. MAIDEN NAME: Edna Harppauer

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

17. INFORMANT (ADDRESS): i. blum 500 s. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Bethlehem DATE July 31, 1937

19. UNDERTAKER (ADDRESS): Beiderwieden Funeral Home 1936 St Louis Ave

20. FILED JUL 30 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-29-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 7-28-37, 19, to 7-29-37, 19

I last saw her alive on 7-29-37, 19 Death is said to have occurred on the date stated above, at 8:58 p.m.

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

Erythroblastosis fetalis (Congenital anemia)

Date of onset

Other contributory causes of importance:

718

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

What test confirmed diagnosis? ..... 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) Ezra L. Evans, Jr. M. D.

(Address) 500 S. Kingshighway

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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