

St. Louis Maternity Hospital

MISSOURI STATE BOARD OF HEALTH

Do not use this space.

REC 10 1937

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

29475

1. PLACE OF DEATH

County .....  
Township .....  
City St. Louis Mo.

Registration District No. 791  
Primary Registration District No. 1003  
(No. 630 S. Kingshighway Blvd.)

File No. ....  
Registered No. 8108  
St. .... Ward)

2. FULL NAME Block Infant

(a) Residence, No. 4444 Beck Ave. St. 15 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-28-1937

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

22. I HEREBY CERTIFY, That I attended deceased from 8-28-37 11:30 Am to 2:35 Am 8-28-37 19...

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-28-37

I last saw her alive on 8-28-37 19... Death is said

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

to have occurred on the date stated above, at 2:35 Am.  
The principal cause of death and related causes of importance were as follows:

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

Premature (28 weeks) 159  
Other contributory causes of importance:

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

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? NO

13. NAME Block, John Henry

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.

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

Manner of injury .....  
Nature of injury !

15. MAIDEN NAME Muehlbach, Elizabeth

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify

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

(Signed) William H. Merrill M. D.  
(Address) 105 Luster Bldg.

17. INFORMANT (ADDRESS) St. Louis Maternity Hospital 630 S. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE SS Peter & Paul DATE 8/28/37

19. UNDERTAKER (ADDRESS) J. L. Ziegenheier & Sons 7027 Cahoon Ave.

20. FILED AUG 28 1937 Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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