

CCT 14 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

Do not use this space.

9841
33109

1. PLACE OF DEATH

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

Registration District No. 1003
Primary Registration District No.

File No.
Registered No. 9163
Ward

2. FULL NAME

(a) Residence, No. 708 Clayton St., N.P. Ward.

Richmond Heights Mo.
(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) 9-14-37

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

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

13. NAME Russell G. Tranger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago, Illinois

15. MAIDEN NAME Ruth Weeks Whinery

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Kansas

17. INFORMANT Mrs. Russell P. Tranger
(ADDRESS) Richmond Heights, Mo.

18. BURIAL CREMATION OR REMOVAL PLACE City Cemetery DATE 9/30 1937

19. UNDERTAKER City Health Dept.
(ADDRESS)

20. FILE NO. 291027 J. Bedeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-14-37, 1937 to 9-14-37, 1937

Last seen alive on 9-14-37, 1937. Death is said to have occurred on the date stated above, at 11:30.

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

Asphylic neonator
from placenta previa
centralis

Other contributory causes of importance:

Pre-eclampsia of mother

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? No
If so, specify

(Signed) W. F. Keen M. D.
(Address) 3115 A. Grand

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

2935-100

