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.

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

FEB 12 1938

Do not use this space.

531

791

1003

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. ..... Registered No. 187

City St. Louis, Mo. (No. St. Ann's Hospital, 5301 Page Blvd. St. ..... Ward)

2. FULL NAME Died Unnamed (Baby Severs

(a) Residence, No. 3948 Kennerly St., 11 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: Male

4. COLOR OR RACE: W

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) January 10, 1938

7. AGE: YEARS | MONTHS | DAYS | If LESS than 1 day, 5 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil

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) St. Louis C
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Ralph Severs O

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

MOTHER

15. MAIDEN NAME Gertrude Long

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

17. INFORMANT Dr. I. P. Davis,
(ADDRESS) 1492 Hodiamont

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wesleyan DATE Jany 12, 1938

19. UNDERTAKER John P. Kalenich & Bro
(ADDRESS) 1922 Franklin

20. FILED JAN 11 1938 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1938, to Jan. 10, 1938

I last saw him alive on Jan. 10, 1938. Death is said to have occurred on the date stated above, at 11:55 A.m.

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

Atelectasis — Date of onset 1/10/38
Premature 6 weeks

Other contributory causes of importance: 159

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) I. P. Davis, M. D.

(Address) 1492 Hodiamont