

FR 1-2 1938 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1306

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City **St. Louis, Mo.** (No. **Bethesda Hospital**) St. .... Ward

File No. ....  
Registered No. **1162**

2. FULL NAME

**Baby Yates - (stillborn female)** 320  
(a) Residence, No. .... St. **RP** Ward. **Bell, Missouri**  
(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

3. SEX **F** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Infant**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **January 30 1938**  
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. **Still Born**  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **nil**  
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, MISSOURI**  
(STATE OR COUNTRY)

13. NAME **Herschell Yates**

14. BIRTHPLACE (CITY OR TOWN) **Paducah, MISSISSIPPI**  
(STATE OR COUNTRY)

15. MAIDEN NAME **Conice Painter**

16. BIRTHPLACE (CITY OR TOWN) **Arkansas**  
(STATE OR COUNTRY)

17. INFORMANT **Herschell Yates**  
(ADDRESS) **Bell, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bell, Missouri** DATE **Jan 31, 1938**

19. UNDERTAKER **Albert H. Hoppert Inc.**  
(ADDRESS) **428 North Euclid Ave.**

20. **JAN 31 1938** Registrar **J. Bredeck**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 30<sup>th</sup> 1938.**  
22. I HEREBY CERTIFY, That I attended deceased from **Jan 30<sup>th</sup> 1938**, to **Jan 30<sup>th</sup> 1938**  
I last saw him/her alive on **Jan 30<sup>th</sup> 1938** Death is said to have occurred on the date stated above, at **1:30<sup>pm</sup>** m.

The principal cause of death and related causes of importance were as follows:  
**still born.**  
**(at full term)**

Other contributory causes of importance: **Uterine Inertia - presented breech.**

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? .....  
If so, specify .....  
(Signed) **J. W. Orrett** M. D.  
(Address) **420 Wilmingon**

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.

Not embelmed  
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