

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

6181 *AWW* REC'D JUN 7 1938

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

Do not use this space.

19449

1. PLACE OF DEATH
 County St. Louis Co. Registration District No. 784
 Township _____ Primary Registration District No. 101
 City Clayton, Mo. (No. St. Louis Co. Hosp) St. _____ Ward _____

2. FULL NAME Infant Whitworth (Male) 365
Fee Fee & Brown Rd. Robinson, Mo.
 (a) Residence, No. _____ (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 White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 2
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16, 1938
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 0

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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clayton Mo.

FATHER
 13. NAME Thomas Whitworth

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

MOTHER
 15. MAIDEN NAME Lillian Mae Strother

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co. Missouri

17. INFORMANT (ADDRESS) Thomas Whitworth Robinson, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fee Fee Cem. DATE May 18, 1938

19. UNDERTAKER (ADDRESS) Baumann Bros 2504 Woodson Rd.

20. FILED MAY 19 1938 J. B. Meyer M.D. Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/16/38, 19
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h im alive on St. Louis Co. Hosp stillbirth. Death is said to have occurred on the date stated above, at 5:15 P.M.
 The principal cause of death and related causes of importance were as follows:

 Date of onset _____

Steebman
 Other contributory causes of importance:
Pneumonia

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) R. Robinson, M. D.
 (Address) St. Louis Co. Hosp

Jc

Not Embalmed.