

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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

23276
Do not use this space.

REC'D AUG 12 1938

1. PLACE OF DEATH

(a) County..... Registration District No. 791
 (b) Township..... Primary Registration District No. 1003
 (c) City St. Louis (d) Street No. 3668 Folsom St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. 5970

2. PRINT FULL NAME

(a) Residence, No. 3668 Folsom St. 17 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

Stillborn Todd 300

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 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) July 2, 1938

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Stillborn
 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 0
 (STATE OR COUNTRY) Mo.

FATHER 13. NAME Irwin Todd 0
 14. BIRTHPLACE (CITY OR TOWN) St. Louis 0
 (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Ruth Pinkley
 16. BIRTHPLACE (CITY OR TOWN) Ironton
 (STATE OR COUNTRY) Mo.

17. INFORMANT Irwin Todd
 (ADDRESS) 3668 Folsom

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE July 4 1938

19. FUNERAL DIRECTOR Jay B. Smith
 (ADDRESS) 7456 Manchester

20. FILED JUL 3 1938 J. D. Budick
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2 1938

22. I HEREBY CERTIFY That I attended deceased from 19..... to 19.....

I last saw him alive on 1938. Death is said

to have occurred on the date stated above, at 5 p. m.

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

Stillborn Date of onset
 Other contributory causes of importance:
 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) James M. Jafferson M. D.
 (Address) 2025 1/2 Jefferson

STATEMENT BY LICENSED EMBALMER

I, H. E. Burgess, Licensed Embalmer No. 4029

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
L. E.

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed H. E. Burgess
Licensed Embalmer No. 4029

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)