

REC'D AUG 12 1938

MISSOURI STATE BOARD OF HEALTH

St. Louis Maternity Hospital

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791
1008

23366
Do not use this space.

Registered No. 6060

1. PLACE OF DEATH
 (a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City St. Louis, Mo. (d) Street No. St. Louis Maternity Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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. ds.

2. PRINT FULL NAME Dunn, Infant Girl
 (a) Residence, No. 117 Eldridge-Webster Groves. (Usual place of abode, if no street address, write county or city) NR (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) miscarriage
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF miscarriage

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27, 1938
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
20 weeks gestation

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.
 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.

FATHER 13. NAME Dunn, David

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dresden, Tenn.

MOTHER 15. MAIDEN NAME Berner, Neoma

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Piedmont, Mo.

17. INFORMANT (ADDRESS) David Dunn Webster Groves Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mark View DATE 7-7-38

19. FUNERAL DIRECTOR (ADDRESS) Dept of Pathology Mark View

20. FILED JUL 7 1938 J. F. Breda Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1938

22. I HEREBY CERTIFY That I attended deceased from 19..... to 19.....
 I last saw him alive on 19..... Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:

Prematurity (20 weeks gestation) Miscarriage

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) H. Hauptman M. D.
 (Address)

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.

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STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No.

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.)