

1938 OCT 12 1938

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

30335  
Do not use this space.

791  
1008

Registered No. 7772

1. PLACE OF DEATH

(a) County .....  
(b) Township .....  
(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 Oliver, Infant

(a) Residence, No. 5100 Kensington Avenue St. 12  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 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) Aug 16 - 1938

7. AGE YEARS - MONTHS - DAYS If LESS than 1 day, ..... hrs. or ..... min.  
8 weeks (Aug. 16 - 1938 - 2:20pm)

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

13. NAME Oliver, Wallace Lee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charleston, Mo

15. MAIDEN NAME Lowe, Leah

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iola, Kansas

17. INFORMANT (ADDRESS) Wallace Lee Oliver  
5100 Kensington

18. BURIAL, CREMATION, OR REMOVAL PLACE Wash. Univ DATE 9-1-38

19. FUNERAL DIRECTOR (ADDRESS) Dept of Pathology  
3rd floor

20. FINGERPRINTS SEP - 1 1938 J. B. Buddick Lic. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16, 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 9:20 p

The principal cause of death and related causes of importance were as follows:  
mis carriage (18 weeks gestation)

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) O. S. Webb, M. D.  
(Address) 3720 Washington

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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*Cheloh*

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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.)**