

REC'D MAR 13 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH791
1003

4480

Do not use this space.

1. PLACE OF DEATH

(a) County 1 Registration District No. 1003
 (b) Township 1 Primary Registration District No. 1173
 (c) City ST. LOUIS (d) Street No. DE PAUL 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 INFANT TUETH

(a) Residence, No. 4064a BLAINE St. 18
 (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)
SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 5th. 1939.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.

OCCUPATION
 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) ST. LOUIS. (STATE OR COUNTRY) 0

FATHER
 13. NAME FRANCIS TUETH. 0

14. BIRTHPLACE (CITY OR TOWN) ST. LOUIS. (STATE OR COUNTRY) 0

MOTHER
 15. MAIDEN NAME BEATRICE O'REILLY

16. BIRTHPLACE (CITY OR TOWN) ST. LOUIS. (STATE OR COUNTRY)

17. INFORMANT FRANCIS TUETH. (ADDRESS) 4064a BLAINE.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Calvary Cem DATE 2/6/39

19. FUNERAL DIRECTOR (NAME) Shos. Johnson (ADDRESS) 1519 S Grand

20. FILED FEB 6 1939 J. D. Braddock Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5 - 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1939, to Feb 6, 1939.

I last saw him alive on 2 - 5 - 39, 1939. Death is said to have occurred on the date stated above, at 10 am.

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

Still - born
7 mos. Gestation

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

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) Dr. M. Davis, M. D.

(Address) 2424 N. Grand

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed

Howard F. Rowland.

Licensed Embalmer No..... *3114*

P. O. Address *St Louis Mo*

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.)

If this body is not embalmed, above space should be left blank.