

Body released to [unclear] for [unclear] purposes
 JUN 12 1939

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

16764
 Do not use this space.

1. PLACE OF DEATH *St. Louis Children's*
 (a) County *St. Louis* Registration District No.
 (b) Township Primary Registration District No. Registered No. *4298*
 (c) City (d) Street No. 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 *Baby Girl Daprow*
 (a) Residence, No. *1405 Didier* St. 24 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F.* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *(write the word) Child*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *5-5-39*

7. AGE YEARS MONTHS ~~Days~~ IF LESS than 1 day, *4* hrs. or *40* min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Child*
 9. Industry or business in which work was done, as saw mill, bank, etc. *Child*
 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 *Gus Daprow*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Mo.*

MOTHER 15. MAIDEN NAME *Mary West*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Mo.*

17. INFORMANT *J. Lewis*
 (ADDRESS) *500 So. Kempfield*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Wash. Univ* DATE *5-9-39*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Anatomical purposes St. Louis Children's Hosp.*

20. FILED *MAY 9 1939* *J.B. Buchick* Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 5 1939*

22. I HEREBY CERTIFY, That I attended deceased from *May 5 1939* to *May 5 1939*
 I last saw h. *alive* on *May 5 1939*, 19... Death is said to have occurred on the date stated above, at *5:10* p.m.
 The principal cause of death and related causes of importance were as follows:
• Congenital Les

Date of onset *5-5-39*

Other contributory causes of importance: *GH*

Name of operation Date of
 What test confirmed diagnosis? *clinical* 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.

24. Was disease or injury in any way related to occupation of deceased? *No*
 If so, specify *PT Blotter* (Signed) M. D.
 (Address) *500 So. Kempfield*

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.

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

16764
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 1791
(b) Township..... Primary Registration District No. 1003
(c) City, St. Louis (d) Street No. 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.

Registered No. 4298

2. PRINT FULL NAME Baby Girl DAPRON

(a) Residence, No. St. Dapron
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 4

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)

FATHER 13. NAME

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 4/21/39 J. B. Bruders Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from

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:

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) R. D. Fletcher, M. D.

(Address) St. Louis

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

JUN 14 1939