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.

REC'D AUG 11 1939

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

Do not use this space.

File No. 23563
Registered No. 5836

1. PLACE OF DEATH

County ..... Registration District No. 2 / 1 791
Township ..... Primary Registration District No. 1008
City ..... (No. 5053 Rosa St. Ward)

2. FULL NAME 635 Stillbirth.

(a) Residence, No. 5053 Rosa St., Louis Mo. 2 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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: Stillborn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 29, 1939.

7. AGE: Years: Stillborn; Months; Days; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

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): 5053 Rosa St, Louis Mo. U

FATHER

13. NAME: Edson L. Fortune U

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo. U

MOTHER

15. MAIDEN NAME: Alice Metzger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.

17. INFORMANT (ADDRESS): Edson L. Fortune 5350 Rosa St, Louis Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemy DATE 7-1-39

19. UNDERTAKER (ADDRESS): Rosa Hannigan Father 5350 Rosa St. St. Louis Mo.

20. FILED JUL 1 1939 J. F. Bredich Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 29, 1939

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

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8 A.M.

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

	Date of onset
Stillborn	

Other contributory causes of importance:

Unknown	

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) Clay Allen, M. D.
(Address) 5912 S. Kingshighway