

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.

1939 SEP 14 1939

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

Do not use this space.

1. PLACE OF DEATH

County
Township
City (No. 2033. Desoto Ave.

Registration District No. **791**
Primary Registration District No. **1003**
City (No. 2033. Desoto Ave.

File No. **27696**
Registered No. **7196**
St. Ward

2. FULL NAME **436** Infant of Edward Waelterman

(a) Residence, No. **2033. Desoto Ave.** St. 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) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 18. 1939**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **None**

9. Industry or business in which work was done, as silk mill, 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, Mo.** (STATE OR COUNTRY)13. NAME **Edward Waelterman**14. BIRTHPLACE (CITY OR TOWN) **St. Louis, Mo.** (STATE OR COUNTRY)15. MAIDEN NAME **Cornelia Nelke**16. BIRTHPLACE (CITY OR TOWN) **St. Louis, Mo.** (STATE OR COUNTRY)17. INFORMANT **Edw. Waelterman** (ADDRESS) **2033 Desoto Ave.**18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **8/19/39** 1919. UNDERTAKER **W. A. Stock Ind. Co.** (ADDRESS) **2117 E. Grand Blvd.**20. **AUG 19 1939** 19 **J. F. [Signature]** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **8-18** 19**39**

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on 19....., to 19.....

I last saw her alive on 19..... Death is said

to have occurred on the date stated above, at **9:45 A.M.**

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

Stillborn (Date of case)**(Nephrotic Syndrome of pregnancy)**

Other contributory causes of importance:

Name of operation **NO** Date of
What test confirmed diagnosis? **Placenta** Was there an autopsy? **NO**

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) **L. M. [Signature]** M. D.(Address) **14500 Olive St.**

NOT EMBALMED.