

137 DEC 13 1939

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

Do not use this space.

37988

1. PLACE OF DEATH

County .....  
Township .....  
City St. Louis, Mo. (No. 362)

Registration District No. 791  
Primary Registration District No. 1003  
Saint Louis Maternity Hospital

File No. ....  
Registered No. 9827 (Ward)

2. FULL NAME Rodriguez, Infant Girl

(a) Residence, No. 530 N. Union Blvd. St. 12 Ward. (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 Female 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) November 9, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
Stillborn 6:00 P.M.

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.  
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, Missouri

13. NAME Rodriguez, George Alonso

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tampa, Florida

15. MAIDEN NAME Maree, Ina Evelyn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dillon, S.C.

17. INFORMANT See above Rodriguez (ADDRESS) St. Louis Maternity Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Wash Blvd DATE 11-18-39

19. UNDERTAKER Dept of Pathology Wash Blvd (ADDRESS)

20. NOV 18 1939 J.F. Bader

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-9-1939

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 6:30 a.m.

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

Torsion of cord, before onset of labor. 38 wks gestation

Other contributory causes of importance: Short umbilical cord.

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. E. Patton M. D.

(Address) 3720 Washington

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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