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

Do not use this space.

31496

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township ..... ~~Primary~~ Registration District No. 1003 ..... Registered No. 9104

City St Louis (No. Frisco Hospital St. ..... Ward)

2. FULL NAME Oscar R Biswell

(a) Residence. No. 6270 Magnolia Ave 3 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) ~~WIFE OF~~ Bessie V Biswell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 13-1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	46	1	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Car Inspector
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Frisco R.R.

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER William Biswell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Dont Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Dont Know

14. INFORMANT Bessie V. Biswell
(Address) 6270 Magnolia ave

15. FILED ....., 19.. Max C Starkey REGISTRAR
SEP 21 1930

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 19th 1930

17. No Physician in attendance
I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 330 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1941 Shock & Injuries (Fractured Pelvis) received while dismantling a coal car in St. Louis Mo. (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Accident (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) John J Hurley M.D.
9/20, 1930 (Address) Deputy Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Hiram Cemetery	9/22 1930
20. UNDERTAKER	**ADDRESS**
Arthur J Donnelly	2039 Wash St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important

Offprint