

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

Do not use this space.

39712 80

1. PLACE OF DEATH

County St. Louis Registration District No. 5
 Township St. Louis Primary Registration District No. 1
 City St. Louis (No. 1) St. 1 Ward) 1

2. FULL NAME

(a) Residence. No. 1334 Brooklyn Ward. 1
 (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 negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 48

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. Porter
 (b) General nature of industry, business, or establishment in which employed (or employer) Cal. Perfume Co
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas, Mo

PARENTS
 10. NAME OF FATHER Don't know
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know
 12. MAIDEN NAME OF MOTHER Don't know
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT (Address) Julie Powell 1334 Brooklyn

15. FILED 12/31 1930 Wm. W. Erpus REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-31-1930

17. I HEREBY CERTIFY that I attended deceased from 12/31/30 to 12/31/30, 1930, and that I last saw h. 21 PM alive on 12/31/30, 1930, and that death occurred, on the date stated above, at 21 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental - Automobile
transmission - Jeter Co
no R-R involved (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) collision with
pedestrian (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH. 1850

8 DID AN OPERATION PRECEDE DEATH DATE OF 12/31/30
 WAS THERE AN AUTOPSY yes

WHAT TEST CONFIRMED DIAGNOSIS autopsy
 (Signed) Dr. Deener, M. D.
31/30.19 (Address) Deputy Comm

*State the DISEASE CAUSING DEATH, or if 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
Husband Cemetery 12/31/30

20. UNDERTAKER ADDRESS
Wm. W. Erpus 1414 Vine

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.

