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

Do not use this space.

19333

File No. 5274

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. Mo. Baptist Sanitarium St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Albert Edward Upton

(a) Residence. No. 1467 Goodfellow Av 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	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 Emma Upton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 12 - 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	68	1	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Foreman of Shop 37
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Pullman Co

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

PARENTS

10. NAME OF FATHER Albert E Upton

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

12. MAIDEN NAME OF MOTHER Not known

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

14. INFORMANT Albert E Jacobs
(Address) 1111 Washington Ave

15. FILED MAY - 4 1931 19 Mark C Starke REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 3 1931

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 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock & Injuries
(Fractured Skull)
due to falling from Window
at Residence (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) 18b A Accident
19 B (duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED? C
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Tom Purdy M.D.
5/4, 19 31 (Address) 2 Sparks Orson

*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 Valhalla Cemetery — DATE OF BURIAL May 6 1931

20. UNDERTAKER Kelson Funeral Co — ADDRESS 2707 N. Grand

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.