

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

Do not use this space.

**1. PLACE OF DEATH**

County ..... Registration District No. **791**  
 Township ..... Priority Registration District No. **1003** File No. **29443**  
 City **St. Louis** (No. **St. Luke Hospital**) Registered No. **8429**  
 St. .... Ward)

**2. FULL NAME**

(a) Residence, No. **5752 Maple** St. **6** 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 **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) **Dec 14 1921**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.  
**9 7 20**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **School Boy**

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 **2**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Bonn Tex**

13. NAME **Paul A. O. Leary**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Bonn, Tex**

15. MAIDEN NAME **Willy Shields**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Bonn Tex**

17. INFORMANT **Paul A. O. Leary**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **Aug 5 1931**

19. UNDERTAKER **Cyella Kallie**

20. FILED **AUG - 3 1931**

**3. MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 3 1931**

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 **12:20 P.M.**

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

**Shock and injury caused by cerebral haemorrhage of brain haemorrhage into pool of corpus callosum. Received when he fell while working in Calvary cemetery, St. Louis Mo. Accident.**

Name of operation **110** Date of .....

What test confirmed diagnosis? Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **Accident** Date of injury **7-28-1931**

Where did injury occur? **In front of 5737 Vermont Street** (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. **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) **Wm. J. Murray** M. D.

(Address) **87 1/2 St. Charles**

Registrar.

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.

