

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

Do not use this space.

39237

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **Frisco Hospital**)..... St. Ward

File No.
Registered No. **11415**
St. Ward

2. FULL NAME **Andrew J. Thomas**

(a) Residence, No. **3018 Henrietta** St., **17** 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) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb - 29 - 1887**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 8 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Carpenter**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Frisco R.R.**
10. Date deceased last worked at this occupation (month and year) **unk** 11. Total time (years) spent in this occupation **unk**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **Unknown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

MOTHER 15. MAIDEN NAME " "

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

17. INFORMANT **Vance Thomas** (ADDRESS) **2620 Park Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Springfield Mo** DATE **11-15** 193**3**

19. UNDERTAKER **J. J. Johnson Bros** (ADDRESS) **2621 Cherokee St**

20. FILED **May 13 1937** Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11-12-31, 19**

22. I HEREBY CERTIFY, That I attended deceased from **No Physician Attendance** 19....., to....., 19.....

I last saw him..... alive on....., 19..... Death is said

to have occurred on the date stated above, at **3:30 P.M.**

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

**Shock & Injuries
Crushed Chest & Amputation
of Rt. Forearm
Struck by Train
St. Louis Mo.**

Date of onset
11-20-31
12-5-31

Other contributory causes of importance:
**No Auto Involved
Accident**

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury **11-2-31**

Where did injury occur? **St. Louis Mo.**
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **Public Place
Struck by Train**

Nature of injury **Crushed Chest**

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) **J. W. Kerner, M.D.**

(Address) **Dep. Coroner**

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.

RECORD

