

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

Do not use this space.

39395

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 1006
 City St. Louis (No. 700) of Kavanaugh St. Ward

File No.
 Registered No. 11585 St. Ward

2. FULL NAME

(a) Residence, No. 802 S. 4th St., 22 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 Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
ab. 32 ✓ ✓

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Y

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

17. INFORMANT (ADDRESS) J. W. Ferner

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE 11-19-31, 19...

19. UNDERTAKER (ADDRESS) Frederick Bros.

20. FILED 19, 19... Registrar J. W. Ferner

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18, 1931

22. I HEREBY CERTIFY, That I attended deceased from 10 Physician in attendance, 1931, at 805 S. 4th

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at 805 S. 4th.

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

Asphyxiation
Due to drowning
Caused by jumping
from Fred. Bridge onto
Mississippi River
 Other contributory causes of importance:
2062 - 10 - 1931 - 10 - 1931
10 - 1931 - 10 - 1931

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in 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) J. W. Ferner Registrar

(Address) Dep. Coroner

11/19/31

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.

