

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

Do not use this space.

6558

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. City Hospital #1)
Registration District No. 14911
Primary Registration District No. 140038

File No.....
Registered No. 1630
St. Ward)

2. FULL NAME

(a) Residence (Usual place of abode) 5911 McPherson St. 5 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) Aug. 11, 1901

7. AGE YEARS 30 MONTHS 6 DAYS 7 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knowville Tenn

FATHER
13. NAME D. F. Brown

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

MOTHER
15. MAIDEN NAME Jimie William

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

17. INFORMANT (ADDRESS) Mrs. D. F. Brown 5911 McPherson

18. BURIAL, CREMATION, OR REMOVAL PLACE Knowville Tenn. Feb. 20 - 1932

19. UNDERTAKER (ADDRESS) Thos. Kuttis 2906 Grandview Ave.

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH
No Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 18 1932

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw him alive on 19..... Death is said to have occurred on the date stated above, at 3:35 P.M.

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

Shock & Burns
Electrocution
received while testing a transformer in Adams Mo.
Other contributory causes of importance: Accident

Date of onset 9.3
193
181 193

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? Accident Date of injury Feb 18 1932
Where did injury occur? St. Louis
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Electrocution
Nature of injury Shock & Burns

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) John H. Hare M.D.
Deputy Coroner
2/19/32 (Address) St. Louis

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.

