

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

Do not use this space.

6876

1. PLACE OF DEATH

County.....

Registration District No. 787

Township.....

Primary Registration District No. 10013

City St. Louis (No. Em. P. City Hospital)

File No.

Registered No. 1958

St. 12 Ward)

2. FULL NAME

(a) Residence. No. 3108 1/2 Laclede St. 18 Ward.

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Col.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widower

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

Ruth E. Flowers

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

Not Known

7. AGE

about 62

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Laborer 112

(b) General nature of industry, business, or establishment in which employed (or employer).

St. Louis Public Service

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

La 2

10. NAME OF FATHER

Not Known

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Not Known 31

12. MAIDEN NAME OF MOTHER

" "

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

" "

14.

INFORMANT

(Address)

Julius E. Flowers
2306 Channing St

15.

FILED

29 1932

May E. Starks

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 23 1932

17. No Physician in attendance
I HEREBY CERTIFY, That I attended deceased from

....., 19....., to, 19....., and that I last saw him..... alive on..... 19....., and that death occurred, on the date stated above, at 1152 1/2..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

264G
Shock - Injury (Internal Ruptured Liver - Trauma)
Received when crushed between
two street cars at car
accident. (duration)..... yrs..... mos..... ds.

CONTRIBUTORY (SECONDARY) same in St. Louis, Mo., Deceased
was working in yards at time of
accident. (duration)..... yrs..... mos..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. Accident. 117

19. DID AN OPERATION PRECEDE DEATH? Yes

DATE OF

20. WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) John J. Starks M.D.

9:25 .19 32 (Address) Deputy Coroner

*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

DATE OF BURIAL

Washington Park Cem.

Feb. 23 1932

20. UNDERTAKER

ADDRESS

James & Williams
Funeral Home

2734 Sheridan

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.

