

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.

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

Do not use this space.

14305

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **103**
City **St. Louis** (No. **City Hospital**)

File No.
Registered No. **3641**
St. Ward

2. FULL NAME

(a) Residence, No. St., **23** Ward. **Cheslerfield Mo**
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. / How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F.** 4. COLOR OR RACE **W.** 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) **May-14-1908**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	23	10	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Collector 252**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Union Mtn. Co**
10. Date deceased last worked at this occupation (month and year) **April 2** 11. Total time (years) spent in this occupation **2 yrs.**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Cheslerfield Mo**

13. NAME **Wm Stark**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Cheslerfield Mo**

15. MAIDEN NAME **Annie Albright**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Cheslerfield Mo**

17. INFORMANT (ADDRESS) **Annie Stark Cheslerfield Mo**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Manchester Mo** DATE **April 17, 1932**

19. UNDERTAKER (ADDRESS) **Schradew Ford Co Ballwin Mo**

20. FILED **17 1932 May 17 1932**

Registrar.

NO PHYSICIAN IN ATTENDING
MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April-13, 1932**

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 **8:50 a.m.**

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

Shock + Injuries (Fractures Skull) received when Ford coach was being collided with street car accident

Other contributory causes of importance:

Name of operation **203** Date of **203**

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 **4/6, 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. **Public Place**

Manner of injury **Collision of Auto & Street Car**

Nature of injury **Fractures Skull**

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) **John Hurley** M. D.
4/14/32 (Address) **St. Louis, Mo**

