

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

Do not use this space.

17493

1. PLACE OF DEATH

County..... Registration District No.....

Township..... Primary Registration District No.....

City St. Louis (Name of R.R., Trolley, or E. Railroad, etc.) Ward

File No.....

Registered No. 4300

2. FULL NAME

(a) Residence, No. 8 St. Boxville Ky Ward. 10
(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) unknown

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
Adlt 35

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 257

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

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) Kentucky

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) J. W. Kerner

18. BURIAL, CREMATION, OR REMOVAL PLACE Boxville Ky. DATE 5-6 1932

19. UNDERTAKER (ADDRESS) See register

20. FILED May 6 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

found dead DATE OF DEATH (MONTH, DAY AND YEAR) May 3rd 1932

21. I HEREBY CERTIFY, That I attended deceased from No Physician Advised cause 1932 to 1932

I last saw h..... alive on..... Death is said

to have occurred on the date stated above, at 9:10 P.

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

Ruptured Aorta (Traumatic)
Fractured Left Femur
Fractures had cause of same could not be ascertained

Other contributory causes of importance:

1935 1940

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? Violence Date of injury 5/3 1932

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. Public Place

Manner of injury unknown

Nature of injury Ruptured Aorta, Fract. Femur

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

If so, specify.....

(Signed) J. W. Kerner M-D.

Address Dep. Comm.

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.

MARGIN RESERVED FOR BINDING

V. 50 NO. 2

