

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 1002
 City St. Louis (No. Eumante City Hosp #1) Ward

File No. 24637
 Registered No. 6777

2. FULL NAME

(a) Residence, No. Unknown St. M 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) single
 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. 44
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. 4 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 31
 15. MAIDEN NAME ?
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?
 17. INFORMANT J. W. Kerner
 (ADDRESS) J. W. Kerner's Care
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis Field DATE 7-23 1932
 19. UNDERTAKER Funeral Bldg.
 (ADDRESS) 28 23 Chestnut St
 20. FILED 22 1932 J. W. Kerner Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1932
 22. I HEREBY CERTIFY That I attended deceased from No. Physician 19..... to St. Louis, 19.....
 I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 6:45 a. m.
 The principal cause of death and related causes of importance were as follows:
Subarachnoid Haemorrhage (Traumatic) Fractured Ribs falling to ground
 Other contributory causes of importance: St. Louis Mo. 1928 Accident
 Name of Occupation ? 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 Date of injury 7-15, 1932
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Public Place
 Manner of injury Fall to ground
 Nature of injury Subarachnoid Haemorrhage
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify J. W. Kerner M.D. (Signed) J. W. Kerner (Address) St. Louis Mo.

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.

