

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

Do not use this space.

24723

1. PLACE OF DEATH

County St. Louis Registration District No. 7071
Township St. Louis Primary Registration District No. 5023
City St. Louis (No. St. Thomas Hospital)

File No. _____
Registered No. 6868 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 205 N. Louis St. 17 Ward. St. Louis County
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Gertrude</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 8, 1909</u>		
7. AGE	YEARS <u>23</u>	MONTHS <u>5</u>
	DAYS <u>15</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Maintenance Man</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Laclede Gas Co.</u>	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis County, Missouri</u>		
FATHER	13. NAME <u>John Killers</u>	10
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Clara Schorr</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Grand Gower, Missouri</u>	
17. INFORMANT (ADDRESS) <u>Gertrude Killers, 205 N. Louis St. St. Louis Co.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wagona Wood</u> DATE <u>7/26</u> 19 <u>37</u>		
19. UNDERTAKER (ADDRESS) <u>C. Kammisist, 11. 1st St. St. Louis</u>		
20. FILED <u>JUL 25 1937</u> <u>St. Louis</u> Registrar <u>J. W. Kew</u>		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1937

22. I HEREBY CERTIFY That I attended deceased from No. 1001 St. Charles 1937 to 1937

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 4:30 p.m.

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

Shock & injuries sustained Date of onset
received in explosion
of steel tank containing
poisonous gas
1948

Other contributory causes of importance: 1948 92

accident

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? _____ Date of injury 7-23-1937

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.
In industry

Manner of injury explosion of gas tank
Nature of injury Internal Injuries

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____ (Signed) J. W. Kew M. D.
_____ (Address) St. Louis

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

