

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

Do not use this space.

24998-B

✓ 24998-B

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 9003
 City St. Louis, Mo. (No. 9th & Poplar Sts.)
 File No. Registered No. 7978
 St. Ward

2. FULL NAME

Unknown Colored Man
 (a) Residence, No. Unknown St., 25 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 Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) unknown

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. ormin.
<u>abt 43</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>

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

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

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) unknown 31

FATHER 13. NAME unk.

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

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT Walter V. Driver
 (ADDRESS) Carroll

18. BURIAL, CREMATION, OR REMOVAL PLACE Pottersfield DATE Sept 2 1932

19. UNDERTAKER Leaher Loring
 (ADDRESS) 3129 Broadway

20. FILED SEP - 1 1932 May C. Stanley
 Registrar

not a MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27 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 8:45 a.m.
 The principal cause of death and related causes of importance were as follows:

Shock & injuries (Body cut in twain) struck by Burlington Train at 90th & Poplar Sts 2:07 AM Accident
 Other contributory causes of importance:

(5)

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 7/27 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 Struck by train
 Nature of injury Body cut in twain

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

(Signed) Walter V. Driver M.D.
 (Address) Carroll

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.

state blind? should state
important

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-14-2010 BY 60322
UCBAW/STP

1-8-82
SE O

4