

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

Do not use this space.

27194

**1. PLACE OF DEATH**

96

County St. Louis Registration District No. 784  
 Township St. Ferdinand Primary Registration District No. 6030  
 City St. Louis (No. Brown Rd + Natural Bridge Rd) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 6547 - Joseph St. 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 <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>Ruby Lee</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 6 - 1875</u>		
7. AGE	YEARS <u>57</u>	MONTHS <u>3</u>
	DAYS <u>19</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>Laborer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>General</u>	
	10. Date deceased last worked at this occupation (month and year) <u>8/23/31</u>	11. Total time (years) spent in this occupation <u>✓</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Sacramento, Cal.

MOTHER / FATHER	13. NAME <u>Unknown</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	15. MAIDEN NAME <u>Unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>

17. INFORMANT (ADDRESS)  
Ruby Lee

18. BURIAL, CREMATION, OR REMOVAL PLACE  
Walhalla Cem DATE 8-26-31

19. UNDERTAKER (ADDRESS)  
Sammyann Bros. Overland, Mo.

20. FILED 9/7 1932 Emma J. Harris Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-25-1932

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.  
 I last saw him \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Strangled by fireman's cutting instruments at back of person or person's neck.

Other contributory causes of importance:  
Thrust of wooden peg, neck of spatter of putty on the right arm, ball of foot.  
 Name of physician \_\_\_\_\_ Date of \_\_\_\_\_  
 What or what were the signs? \_\_\_\_\_ 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 8-25-31

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury Strangled by gunshot  
 Nature of injury cutting of throat

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) John O. Longwell M. D.  
 (Address) Crown St. St. Louis  
County.

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.

SEP 7 1932

