

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

Do not use this space.

30880

1. PLACE OF DEATH

County Registration District No. 1791
Township Primary Registration District No. 1003
City St. Louis (No. City Hospital #1)

File No.
Registered No. 8594
St. Ward

2. FULL NAME

(a) Residence, No. Box 517 St. 63 Ward. Port Arthur Texas
(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) Single

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. min.
about 42

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Laborer 237

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

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) Texas ?

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

15. MAIDEN NAME Unknown

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

17. INFORMANT Frank Hernandez Contact Officer
(ADDRESS) U.S.V.B. 4030 Clinton Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem DATE Sept 26 1932

19. UNDERTAKER C. Hoffmeyer & Co
(ADDRESS) 27818 E. Broadway

20. FILED SEP 26 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 16, 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 7:15 m.

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

207M
Anemia (Traumatic) following amputation of left leg below knee occurred when I was on my flight train in St. Louis, Mo. I received a fall.
Other contributory causes of importance _____

Accident

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9/15, 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 Promotion by flight train

Nature of injury Anemia (Traumatic) leg

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

If so, specify _____

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

Address St. Louis, Mo.

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.

