

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

Do not use this space.

7642

1. PLACE OF DEATH

County St. Louis Registration District No. 70
 Township St. Louis Primary Registration District No. 100
 City St. Louis (No. En Route City Hospital #1 St. 1601 Ward)

2. FULL NAME

(a) Residence, No. 4123 Lafayette St. 17 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Beatrice C.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 22, 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
71 0 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stephens Lith. Co.
 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) England

FATHER 13. NAME Thomas Casbury

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER 15. MAIDEN NAME Hubbards

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

17. INFORMANT (ADDRESS) Mrs. Beatrice Casbury
4123 Lafayette

18. BURIAL, CREMATION, OR REMOVAL PLACE Home DATE Feb 17 1933

19. UNDERTAKER (ADDRESS) A. Fran Bell Co.
2222 Grand

20. FILED FEB 16 1933 May C. Starobin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7:00 P.M. to 8:00 A.M. on Feb. 15, 1933

I last saw him alive on Feb. 15, 1933 Death is said to have occurred on the date stated above, at 4:40 p.m.

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

Shock & Injuries (Internal Hemorrhage) - struck by an automobile Roadster at 39th & Lafayette, St. Louis, Mo., on Feb. 15, 1933.

Other contributory causes of importance: Accident (Deceased was a Pedestrian)

Name of operation B/L Date of 210 AM 1933

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 2/15, 1933

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 automobile

Nature of injury Internal Hemorrhage

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

If so, specify Yes

(Signed) Frank P. Furlong M.D.

(Address) Grand

2/16/33

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

