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

Do not use this space.
17658-A

1. PLACE OF DEATH
County St Louis — Registration District No. 785 — File No.
Township Bonhomme — Primary Registration District No. 6031 — Registered No. 162
City Valley Park Mo. West Bound Mo Pac Freight Yards (Ward)

2. FULL NAME Harry Shatzer
(a) Residence, No. Shelby Ohio St., Ward. Shelby Ohio
(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.

AUG 28 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. | 4. COLOR OR RACE W | 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) 1-31-1901

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
32	3	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Kansas

FATHER
13. NAME Edgar Shatzer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

MOTHER
15. MAIDEN NAME May Roth
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

17. INFORMANT (ADDRESS) Edgar Shatzer Shelby Ohio

18. BURIAL, CREMATION, OR REMOVAL
PLACE Shelby Ohio DATE 5-31-1933

19. UNDERTAKER Louis H Bopp (ADDRESS) Kirkwood Mo

20. FILED 6-1-1933 C E Barnett M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-30-1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at about 9:30 P.m.
The cause of death and related causes of importance were as follows:

	Date of onset
Compound Comminuted Fracture of Skull	
Laceration of Brain	
(Train Accident) Mo Pac Barrett Station Valley Park	

Other contributory causes of importance: Skull was struck by a pedestrian & depressed into Brain

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 ....., 19.....
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 .....
Nature of injury .....

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

(Signed) Jules B. Turnow, M. D.
(Address) 3718 Jennings Rd, Jennings, Mo.
Coroner St Louis Co. Mo. 6/1/33

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.

FEB 26 1958