

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

Do not use this space.

**21776**

**1. PLACE OF DEATH**

County ..... Registration District No. 791  
Township ..... Primary Registration District No. 792  
City St. Louis (No. City, Group No 2)

File No. ....  
Registered No. 5581  
St. .... Ward)

**2. FULL NAME**

William Needham  
(a) Residence, No. 2703 Washington St. 21 Ward. (If nonresident, give city or town and State)  
(Usual place of abode)  
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>Col.</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>Virginia Needham</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unk</u>		
7. AGE YEARS <u>65</u>	MONTHS <u>6</u>	DAYS <u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>carman</u>		11. Total time (years) spent in this occupation <u>210</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Sobson</u>		
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>
13. NAME <u>John Needham</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>
15. MAIDEN NAME <u>unk</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unk</u>
17. INFORMANT (ADDRESS) <u>Perry Needham</u> <u>2703 Washington St.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Father Dickson</u> DATE <u>6-27</u> , 19 <u>33</u>
19. UNDERTAKER (ADDRESS) <u>Th. S. Beal and Co.</u> <u>2726 Geyer St.</u>
20. FILED <u>Jun 27 1933</u> <u>J. J. Bredeck</u> Registrar.

**MEDICAL CERTIFICATE OF DEATH**  
Physician attended

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 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 2:15 A.M.

The principal cause of death and related causes of importance were as follows:  
Shock & injuries - Fract. skull  
received when struck by auto at  
Jeff. & Olive at about 8:20 P.M. 6/10/33

Other contributory causes of importance:  
Homicide 210

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? Accident Date of injury, 6/10, 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.

Manner of injury struck by auto  
Nature of injury fracture skull

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify.....  
(Signed) Harold P. Pfluy, M.D.  
(Address) Deputy Coroner

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

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