

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

Do not use this space.

27857

1. PLACE OF DEATH

County Registration District No. 701
Township Primary Registration District No. 1003
City St. Louis (No. City Hospital #2)

File No.
Registered No. 6895
St. Ward)

2. FULL NAME

(a) Residence, No. St. 21 Ward. Potosi mo

(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 M. 4. COLOR OR RACE Colored 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) June 4-1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
27 2 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter
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. C

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Potosi mo

13. NAME Arthur Casey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Potosi mo

15. MAIDEN NAME Rose Nelson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis mo

17. INFORMANT Rose Casey (ADDRESS) Potosi mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Potosi mo DATE 8-9-33

19. UNDERTAKER J. B. Beyer & son (ADDRESS) Potosi mo

20. FILED AUG -9 1933 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH
No physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6, 1933

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 1:00 m.

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

210M
Skull fracture from
trauma, resulting in a
collision between an auto
he was driving and another
Other contributory causes of importance:
auto at Potosi, mo.

Accident

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 8/5, 1933

Where did injury occur? Potosi, 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 Collision - two automobiles

Nature of injury Skull fracture

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

If so, specify Skull fracture

(Signed) J. F. Bredeck M.D.
(Address) Potosi, Mo

8/9/33

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 26 1933

