

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

Do not use this space.

30751

1. PLACE OF DEATH

County St. Louis Registration District No. 784
 Township St. Ferdinand Primary Registration District No. 6030
 City Prospect Hill (No. Glendale ave)

File No. _____
 Registered No. _____
 St. _____ Ward)

2. FULL NAME

(a) Residence, No. Glendale ave St. _____ Ward. _____
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 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 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) Dec 30 - 1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
6 9 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 21st

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 21st

10. Date deceased last worked at this occupation (month and year) _____ Total time (years) spent in this occupation. 10 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quincy Ill

13. NAME Wm Colbert

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

15. MAIDEN NAME Blanche Briscol

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

17. INFORMANT Wm Colbert
 (ADDRESS) Glendale ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Corinth Cemetery DATE Sept 18 1933

19. UNDERTAKER (ADDRESS) 707 Nat'l Bldg

20. FILED 1075 1933 Emma J. Turner Registrar

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/16 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 2 P. m.

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

auto accident child Date of onset _____

crushed against fire plug

fractured spinal vertebrae

and coccygeal vertebrae

a severing and exposing of

the spinal cord at the

cauda equina & multiple

fractured pelvis & sacrum

Other contributory causes of importance:

the spinal cord at the

cauda equina & multiple

fractured pelvis & sacrum

Name of operation _____ Date of _____

What test confirmed diagnosis? autopsy. 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) B. Timon, M. D.

(Address) 18 Jennings, Del.

Corinth Cemetery, Co. Mo. 9/18/33

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.

of abdomen with extrusion of much
of the intestines.

Sec: - Extensive laceration. Hemorrhage
and shock.

accident happened at Glendale Ave.
St. Ferdinand Township, St. Louis
county, in town of Prospect Hill.

Verdict of jury: - We the jury are
unable to decide as to the re-
sponsibility of this particular case.
We, therefore, recommend that
further investigation be made.

**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Louis Registration District No. 784
 Township Burdwood Primary Registration District No. 6030
 City (No. St. Ward)

2. FULL NAME

Muriel Calbert
 (a) Residence, No. St. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	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)				
FATHER	13. NAME			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
17. INFORMANT (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19				
19. UNDERTAKER (ADDRESS)				
20. FILED <u>10-5</u> 19 <u>33</u> <u>Emma J. Harris</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

accident Date of onset _____

child was playing with a wagon and was crossing street. The person who hit him was watching a group of children on the street

Other contributory causes of importance: so to be sure not to hit any of them and the Calbert child got in the path of the automobile

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? _____ 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) _____, M. D.

(Address) _____

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

S-30751