

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

Do not use this space.

31379

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No.) St. Ward)

File No.
Registered No. 8551

2. FULL NAME

Albert Blewins
(a) Residence, No. 2331 Eugenia St. Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ethel Blewins
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) abt 1899
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. abt. 34.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 207
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer
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) Birmingham Ala

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Wm H Lewis 1128 Hadley St

18. BURIAL, CREMATION, OR REMOVAL Jackson-Barrack DATE Oct 3 1933

19. UNDERTAKER (ADDRESS) Wm C. McDowell 3511 Franklin Ave.

20. FILED 10-2-1933 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH
The Physician in Attendance
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 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:
Shock and Injuries and Date of onset
Disaptation found under
box car of Madach R.R.
Other contributory causes of importance:
Accidental
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? Accident Date of injury Sept 16 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 Disaptation
Nature of injury.....
24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) Frank P. Furlong
(Address)

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.

OCT 20 1933

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