

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

Do not use this space.

34284

1. PLACE OF DEATH

96 County St. Louis Registration District No. 284
 Township St. Ferdinand Primary Registration District No. 6030
 City St. Louis (No. 1000) Ward St. Croix's

2. FULL NAME

(a) Residence, No. 15 Baden Sta 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 Male 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Mann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16 - 1870
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 40 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 20%
 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) St. Louis Mo.

MOTHER FATHER 13. NAME John Frazer

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

MOTHER 15. MAIDEN NAME Margaret Moon

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

17. INFORMANT (ADDRESS) Elizabeth Frank

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE St. Ferdinand Oct 30th 1933

19. UNDERTAKER (ADDRESS) 1225 Mission Blvd

20. FILED 11-4 1933 Emma Harris Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26 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 _____ m. The principal cause of death and related causes of importance were as follows: _____ (Date of onset)

Rupture of the heart with hemorrhage onto the pericardium, multiple puncture of the left lung with hemorrhage, shock, rupture of spleen, Multiple fracture of ribs, fracture of left femur. Rupture.

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 _____

(Signature) Dr. J. B. ... (Address) 3228 Franklin St. St. Louis
10/27/33

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.

NOV 10 1933

MARGIN RESERVED FOR BINDING

of left diaphragm.

Sec: - Hemorrhage. - Ruptured heart.
Driving Ford sedan and was
struck by Wabash train, at
Jennings road & Wabash tracks
St. Ferdinand Township.

Jury Verdict: - Deceased came to
his death, by accident due to
collision of Ford automobile and
Wabash Railroad train said
accident being unavoidable, as
per testimony, rendered at the
hearing.