

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

Do not use this space.

7313

APR 25 1934

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 791
 City St. Louis (No. Enroute to Hospital # 2) St. Ward) (If nonresident, give city or town and State)

File No.
 Registered No. 2646

2. FULL NAME

(a) Residence, No. Unknown 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Unknown

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
abt. 28

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

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) Unknown

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 Herold Dechuy, Mayor, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Better Field DATE 3/16 1934

19. UNDERTAKER (ADDRESS) W. S. McDowell, 3511 Regent St., St. Louis, Mo.

20. FILED 19 10 1934 J. T. Bradeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26 1934

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 11:30 P.

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

Carbon Monoxide Poisoning Date of onset

from inhaling carbon monoxide fumes from 2 charcoal heaters

while riding in refrigerator car between Kansas City & St. Louis

Other contributory causes of importance:

1700 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 homicidal Accident Date of injury, 3/26 1934

Where did injury occur between Kansas City & St. Louis

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Asphyxiation

Nature of injury Carbon Monoxide fumes

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

If so, specify.....

(Signed) Herold Dechuy, Mayor, St. Louis, Mo.

(Address) Dep for

3/15/34

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.

