

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.

APR 25 1934

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

Do not use this space.

**1. PLACE OF DEATH**

County ..... Registration District No. **781**  
 Township ..... Primary Registration District No. **1003**  
 City **St. Louis** (No. **Hospital # 2**)

File No. **7314**  
 Registered No. **2647**  
 St. .... Ward)

**2. FULL NAME**

(a) Residence, No. **2307 Chestnut** St., **21** 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 <b>Male</b>	4. COLOR OR RACE <b>Colored</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Unknown</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>about 1892</b>		
7. AGE YEARS <b>abt 42</b>	MONTHS <b>-</b>	DAYS <b>-</b>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Laborer</b>		
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) <b>Alabama</b>		
13. NAME <b>David Jones</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Ala.</b>		
15. MAIDEN NAME <b>Unknown</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown</b>		
17. INFORMANT (ADDRESS) <b>Harold Schatz, Mayor Court B. E.</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Bethel Field</b> DATE <b>2/16 1934</b>		
19. UNDERTAKER (ADDRESS) <b>W. R. Mc Dowell, 3511 Franklin Ave</b>		
20. FILED 19 <b>3/15/34</b> <b>J. F. Bredeck</b> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 16 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 **10 P.** m.  
 The principal cause of death and related causes of importance were as follows:  
**Fracture of Skull**  
**Laceration of Brain, received when struck by a Ford Sedan Feb 11 1934**  
**Accident**  
 Other contributory causes of importance:  
**pedestrian hit by auto.**

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 **2/11 1934**  
 Where did injury occur? **2249 N. Olive St. Louis, Mo.**  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
**Public street**

Manner of injury .....  
 Nature of injury **Fractured skull**

24. Was disease or injury in any way related to occupation of deceased? **No**  
 If so, specify .....  
 (Signed) **Harold Schatz** 3/15/34  
 (Address) **Mayor Court B. E.**

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