

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.

MAY 25 1934

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

Do not use this space.

15319

1. PLACE OF DEATH

County St. Louis
Township Cassville
City Cassville (No. _____)

Registration District No. 1123
Primary Registration District No. 6248 B.

File No. _____
Registered No. 152 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 8326 Albin Ave St. _____ Ward _____
(Usual place of abode) St. Louis Mo (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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 20, 1894

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>39</u>	<u>6</u>	<u>20</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician
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) St. Louis Mo

13. NAME Frank Leslie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

15. MAIDEN NAME Anderson

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

17. INFORMANT (ADDRESS) Irene Leslie 8326 Albin Ave St. Louis Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset DATE Apr 13 34

19. UNDERTAKER (ADDRESS) Wacker Belderle 2331 1/2 Bldg

20. FILED 4-12 1934 B. G. Tate M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 10 34

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 _____ m.

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

Killed by Mo. Pacific train body mangled & mangled, l. arm severed, head severed & limbs crushed & severed.

Other contributory causes of importance:

maceration of body under train wheels, Sec. Hemorrhage was found

Name of operation _____ Date of _____
What test confirmed diagnosis? Lorenz's Was there an autopsy? no

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) July B. Timmon 4/12/34

(Address) 3718 Jennings Rd Crown Point Mo, Mo.

dead by train crew, at day light,
in a. m., laying between rails.

Verdict of jury: - Deceased came to
his death by result of train
accident.