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.

SEP 25 1934

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

Do not use this space.

30691

1. PLACE OF DEATH
96 County St Louis — Registration District No. 790 — File No.
2 Township Central — Primary Registration District No. 6033a — Registered No. 278
7 City Kinnetsaw (No. St Louis County Hosp St. Ward)

2. FULL NAME Oscar Slusser
(a) Residence, No. 5624 Janet Ave St., Ward. (If nonresident, give city or town and State)
(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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 20, 1877

7. AGE: YEARS 57 — MONTHS 2 — DAYS 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Iron worker
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): Massilon, Ohio

FATHER
13. NAME: Cyrus Slusser
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't know

MOTHER
15. MAIDEN NAME: Rebecca Hildebrand
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't know

17. INFORMANT (ADDRESS): Mrs. Alice Rucker, 5624 Janet Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Massilon, Ohio DATE Aug 18, 1934

19. UNDERTAKER (ADDRESS): Geo. L. Pleitsch Inc., 5966 Easton Ave

20. FILED 8/18, 19 Robt. J. Ambruster, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1911 ..., 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 12 noon.
The principal cause of death and related causes of importance were as follows:

Multiple abrasions and lacerations about body, face, arms and legs. Basal fracture of the skull. Concussion and laceration of the left temporal lobe of brain. Hematothorax.

Date of onset

~~Other contributory causes of importance~~:
Fractured ribs -1.3-9 inclusive and the first rib in midclavicular line and the 9th posteriorly. Contusi

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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? acct Date of injury 8/16, 1934
Where did injury occur? Webster Groves, Mo. (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 Fell off of smoke stack.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Luke B. Turner, 8/17/34, M.D.
(Address) 3718 Jennings Rd.
Coroner St Louis Co., Mo.

Coroner St Louis Co.

ion of the left lung. Ruptured liver and spleen. Chronic nephrites. Chronic pleural adhesions. Hypertrophic pyloric valve.

Secondary; Fractured skull and laceration of the brain. Internal hemorrhage.

Fell off of smoke stack, Webster Groves, Mo. Taken to St. Louis County Hospital, where he died two hours later. (was Painting stack, when accident happened.)

Verdict of Jury:-
Deceased came to his death by a fall from smoke stack about 50 ft. unavoidable accident. We the jury declare an open Verdict for further investigation