

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

Do not use this space.

JUL 12 1935

**791
1003**

21135

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis (No. City Hospital #1)

File No.
Registered No. 5053
St. Ward)

2. FULL NAME

(a) Residence, No. 5744 acme St. 7 Ward.

(Usual place of abode)
Length of residence in city or town where death occurred 24 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1935

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

22. I HEREBY CERTIFY, that I attended deceased from, 19...., to, 19....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 5, 1911

I last saw h..... alive on, 19.... Death is said to have occurred on the date stated above, at 4:05 A.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
24 4 3

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

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

Date of onset

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. furniture factory

Subdural Hemorrhage of the Brain Cortex - Complicated fracture of Humeral Bone, comminuted, received in a collision between

10. Date deceased last worked at this occupation (month, and year) 7/35 11. Total time (years) spent in this occupation. 2 yrs.

Other contributory causes of importance: two automobiles in St. Louis, Mo. Deceased was driving one of the autos.

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

Name of operation Date of
What you confirmed diagnosis? Was there an autopsy? Yes

FATHER 13. NAME Oliver Metz

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

MOTHER 15. MAIDEN NAME Minnie Kosbrink

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

17. INFORMANT (ADDRESS) Mrs. Minnie Ketting 5744 acme

18. BURIAL, CREMATION, OR REMOVAL PLACE Valley Hall DATE June 10, 1935

19. UNDERTAKER (ADDRESS) Bredbeck & Sons 3934 22d St.

20. FILED 10 1935 19.... J. Bredbeck Registrar.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury June 8, 1935 Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Collision between two autos

Nature of injury Hemorrhage of Brain

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

If so, specify

(Signed) Harold K. Shuf M.D.

Address St. Louis, Mo.

6/10/35

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.

WHITE PRINT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

