

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.

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

Do not use this space.

NOV 9 1935

31437

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis (No. En Route City Hospital #1) St. 23 Ward 8300

2. FULL NAME

(a) Residence, No. 1515 Vail St. 23 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>		
7. AGE YEARS <u>abt. 56</u>	MONTHS	DAYS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labourer</u>		11. Total time (years) spent in this occupation.....
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).....		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Germany

13. NAME
Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
"

15. MAIDEN NAME
"

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
"

17. INFORMANT Dr. John H. Sandbirt
(ADDRESS) 2767 Park Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Mathew An DATE Oct 3 1935

19. UNDERTAKER E. J. Sobus
(ADDRESS) 15125 So. Lafayette Ave

20. FILED OCT - 3 1935
J. Predeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 30 1935

22. I HEREBY CERTIFY, That I attended deceased from 1515 Vail, 1935, to 1515 Vail, 1935.

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 11:59 a.m.

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

Traumatic fracture of skull
Laceration of Brain, lacerated
when struck by auto in
St. Louis, Mo. Deceased was
a pedestrian.
Accident
 Date of onset 9/29/35
 1948
 1935

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 Sept 30, 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.
In Public Place

Manner of injury Struck by auto

Nature of injury Fractured Skull

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

If so, specify.....
 (Signed) J. Predeck, M.D.

(Address) 1515 Vail

10/3/35

