

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.

OCT 28 1935

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

Do not use this space.

31524

1. PLACE OF DEATH

County St. LouisRegistration District No. 1170Township CentralPrimary Registration District No. 6248HCity Richmond Heights(No. Lake Forest)File No. _____
Registered No. 197 St. _____ Ward _____

2. FULL NAME

Eliot F. Fortune(a) Residence, No. 4539 Swan Ave

St. _____

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

MaleWhite

4. COLOR OR RACE

Single

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Single6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/28/1910

7. AGE

24

YEARS

9

MONTHS

27

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

Laborer

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)

Mo.

MOTHER FATHER

13. NAME George Fortune

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

Iowa15. MAIDEN NAME Anna Allen

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

Mo.17. INFORMANT Anna Fortune(ADDRESS) 4539 Swan Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lake CharlesDATE 9/27/35

19.

19. UNDERTAKER Robert J. Ankrust(ADDRESS) 6633 Clayton Road20. FILED Sept 27 1935 Tertrude Porter

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/25/35 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19, to _____, 19.

I last saw him _____ alive on _____, 19. Death is said

to have occurred on the date stated above, at 10.00 A.

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

Electricution, while operating
polishing machine in basement
floor, for the purpose of putting
finish on the terrazzo rats-
keller floor.

Date of onset

Other contributory causes of importance:

Under some circumstances yet un-
known, came in contact with current
under his right breast which

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) Hubert J. Timmer

M. D.

(Address) 3718 Jennings St.

Coroner St. Louis County, Mo.

caused a terrific burned blister at this area; the current traveling thru the body and coming out from left foot and shoe, between great toe and second toe; also on the outer margin of the sole of foot, which was burned black showing evidently this is where the current left the body and contacted the floor.

Verdict of Jury: By electricution.