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.

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

Do not use this space.

37254

1. PLACE OF DEATH 27 1935

County St Louis — Registration District No. 199 — File No.

Township Central — Primary Registration District No. 6033a — Registered No. 335

City (No. St Louis Co Hospital St. Ward)

2. FULL NAME Wm Fletcher

(a) Residence, No. 8714 Windom 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 - 1907

7. AGE: YEARS 28 — MONTHS 4 — DAYS 5 — If LESS than 1 day, ...hrs. or ....min.

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

FATHER
13. NAME Wm Fletcher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

MOTHER
15. MAIDEN NAME Margaret Fman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

17. INFORMANT (ADDRESS) Thos J Fraser 1519 S Grand

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Nov 13 1935

19. UNDERTAKER (ADDRESS) Thos J Fraser 1519 S Grand

20. FILED 11-25 1935 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/9 1935

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 3:15 P m.

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

Date of onset

Accident happened 7800 St. Charles Rock road, car in which he was riding skidded into trailer truck, accident happened at 5:30 AM 11/9/35 taken to St. Louis County Hospital

~~Other contributory causes of importance:~~

where he died at 5:30 PM same day. Cause of death: Hemorrhage clot, extra dural, parietal area.

Name of operation OVER 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? 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 11/11/35

(Signed) [signature], M. D.

(Address) 3718 Jennings, Rd.

Coroner St Louis Co Mo

Excessive hemorrhage around base of brain, large area of brain softening in the occipital pole rt. side. Free blood in the entire ventricle system thruout the brain, especially in the base. Marked lacerations, contusions and bruising generalized all over body and appendages. Dislocation of left hip. Secondary; Laceration of brain, brain hemorrhage and shock.

Verdict of Jury: Due to an automobile accident, the result of a collision between a Mack truck driven by Clarence Wetmore, and a Plymouth car driven by the deceased, and due to insufficient evidence, we render an open verdict for further investigation.

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