DEC 12 1935

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

Do not use this space.

37530

791

1003

File No. 9497

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. Enroute City Hospital #2 St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Jim Lomes

(a) Residence (Usual place of abode) No. 1620 Biddle St., 25 Ward. (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: male

4. COLOR OR RACE: col

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) 8-28-1893

7. AGE: YEARS 142 MONTHS 2 DAYS 3 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) Virginia

FATHER

13. NAME unknown

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

MOTHER

15. MAIDEN NAME unknown

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

17. INFORMANT Mollie Brooks (ADDRESS) 1620 Biddle St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE 11-13 1935

19. UNDERTAKER W. S. Wade Und. Co (ADDRESS) 4202 Finney Ave

20. FILED NOV 13 1935 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from by Physician in attendance, 19, to, 19

I last saw h alive on, 19 Death is said to have occurred on the date stated above, at 6 25 P. m.

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

	Date of onset
Traumatic Fracture of Right Femur	
Fractures of Ribs, Hemorrhage Chest, received when struck by a passenger train in St. Louis, Mo.	

Other contributory causes of importance: Deceased was a federal 1946b

No auto involved accident 2071m

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? accid Date of injury 11/1, 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 Industry

Manner of injury Struck by train

Nature of injury Fractured Ribs & Femur

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Geo. L. Sapenoff, M.D.

(Address) St. Louis Mo.

11/12/35

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD