

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.

JAN 23 1936

40917

1. PLACE OF DEATH

County St. Louis Registration District No. 789
Township Normandy Central Primary Registration District No. 6033
City Pine Lawn (No. 4420 Edgewood)

File No. _____
Registered No. 301 (Ward) _____

2. FULL NAME

George F Tufts

(a) Residence, No. 4420 Edgewood, 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30th 1880

7. AGE YEARS 55 MONTHS 4 DAYS 10 IF LESS than 1 day, _____ hrs. or _____ min.

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

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.

13. NAME William F. Tufts, not known

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

15. MAIDEN NAME _____

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

17. INFORMANT Mrs. Julia Tufts (ADDRESS) 4420 Edgewood

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens DATE 12/13 1935

19. UNDERTAKER A. Brown & W. Co. (ADDRESS) 2707 N. Grand Blvd.

20. FILED 12-12- 1935 A. Boehmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/10/1935 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 5:30 PM

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

Carbon-monoxide gas poisoning, from every evidence was working on his car in the basement garage, with doors closed; was dressed in his cover-alls, arms all full of

Other contributory causes of importance: grease, with screw-driver, pliers and hammer at the edge of the open hood, where he apparently was ad-

Name of operation Coroner's view Date of _____ no
What test confirmed diagnosis? _____ Was there an autopsy? _____

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, town, county, and State)
Specify whether injury occurred in factory, 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 _____ 12/11/35
(Signed) Julius B. Jennings, M. D.

(Address) 3718 Jennings Ave
Coroner's View, A. D. O.

justing the carburator (screw driver in his hand) overcome by monoxide fumes from his running car. Was found by his wife when she returned home, smelling the fumes of this gas thru the house. Upon calling several times to him and receiving no answer and trying to locate the origin of the fumes thru the house, went into the basement to look in the garage and found him lying in the open door-way of the car. She immediately called a neighbor for help; the fire-department was summoned, and after the pull-motor was used for some time unsuccessfully, was pronounced dead by Dr. Albert Wall.