

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.

SEP 29 1936

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

Do not use this space.

32179

W

1. PLACE OF DEATH

County St. Louis  
Township Ferguson Town  
City ~~St. Louis~~ (No. ....)

Registration District No. 333  
Primary Registration District No. 4468  
Lambert St. Louis Flying Field St. .... Ward)

File No. ....  
Registered No. 162

2. FULL NAME Arthur, Holt,

(a) Residence, No. 24 Milk Ave. St. .... Ward.  
(Usual place of abode) Boston, Mass. (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 M 4. COLOR OR RACE W 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) ?  
7. AGE YEARS 40 MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

FATHER 13. NAME don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

MOTHER 15. MAIDEN NAME don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

17. INFORMANT Albert Fairbanks,  
(ADDRESS) Boatmen's bank, St. Louis, Mo

18. BIRTH OR REMOVAL PLACE Boston Mass DATE 8/10/36

19. UNDERTAKER Bauman Bros.  
(ADDRESS) Overland, Mo.

20. FILED 8/7, 1936 W. A. Zeitzler  
Registrar. P. G. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/5/1936, 19

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 10P..... m.

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

Basal Skull fracture, brain masceration and hemorrhage, running from nose, mouth and ears. Fracture of rt. forearm, rt wrist, left wrist.

Date of onset

Other contributory causes of importance:  
Skull fracture thruout base, masceration and lacerations of brain, multiple fractures upper extre-

Name of operation OVER Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

CORONER'S VIEW

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..... fatal injury 8/5/36

(Signed) Walter J. Turner M. D.

(Add) 3716 Jennings, St. Louis, Mo.  
Coroner J. W. Smith

meties, multiple lacerations, bruises and contusions thruout face, head body and extremities. Shock and hemorrhage.

Verdict of Jury; Accidental death causes unknown---  
by airplane..

Airplane accident St. Ferdinand Township,  
Lambert St. Louis Flying field, St. Louis County, Mo