

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

Do not use this space.

SEP 29 1936

32181

1. PLACE OF DEATH
County St. Louis Registration District No. 333
Township Ferguson Town Primary Registration District No. 4468
City Robinson (No. Lambert-St. Louis Flying Field St. 164 Ward)

2. FULL NAME Russell Mossman
(a) Residence, No. Chicago, Ills. Ia. 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF don't know

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) don't know

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 34.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. co-pilot
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) don't know

13. NAME don't know

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

15. MAIDEN NAME don't know

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

17. INFORMANT Lain Und. Co. (ADDRESS) Chicago, Ills.

18. BURIAL, CREMATION, OR REMOVAL PLACE Chicago, Ill. DATE 8/10/36 19

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

20. FILED 8/7/36 W. A. Zittel Registrar. Paula 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 10 P.

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

Skull crushed in, brain macerated, particularly frontal area, chest crushed, and bursted open, exposing all chest viscera, fracture rt. femur, comminuted Date of onset

Other contributory causes of importance:
fracture just above both ankles, compound fracture rt. forearm, upper third, fracture of upper and

Name of operation OVER Date of
What test confirmed diagnosis? CORONER'S COURT 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 8/7/36

(Signed) W. A. Zittel, M. D. (Address) 3718 Jennings St.

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.

and lower maxilla. Sec; Multiple skull fracture,
maceration of brain, lungs, heart, multiple
lacerations of extremities, chest. Hemorrhage and
shock.

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

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