

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

Do not use this space.

SEP 29 1936

32314

1. PLACE OF DEATH  
 County St. Louis Registration District No. 790  
 Township Clayton Primary Registration District No. 6033E  
 City Clayton (No. St. Louis County Hospital St. \_\_\_\_\_ Ward)

2. FULL NAME Charles Bermal  
 (a) Residence, No. 2714 Walton rd. a St. Ward. St. John Station Mo.  
 (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 Mary Casper Bermal  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 14 1862  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
73 11 7

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maintenance Man  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meat Packing  
 10. Date deceased last worked at this occupation (month and year) 1932 11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

MOTHER FATHER  
 13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mary Bermal  
 (ADDRESS) 2714 Walton Road

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Highland Ill DATE Aug 24, 1936

19. UNDERTAKER Frederick J. Fernald  
 (ADDRESS) 1936 St Louis Ave St Louis Mo

20. FILED 8/22, 1936 D. J. Fernald  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

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

Multiple lacerations and abrasions over body, appendages, head and face. Collier's fracture left wrist, deep laceration of scalp, basal skull fracture, transverse

Other contributory causes of importance:  
entire skull over wings (base of skull). Maceration frontal lobe rt side of brain. Hematothorax rt

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 8/23/36  
Suk B. Timmon  
 (Address) 3718 Jennings, Pa.  
Cronin

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.

chest. Fracture five ribs right side,  
2nd 3 , 4, 5, and 6th anteriorly.

Sec: Mascularation of brain. Skull fracture.  
Internal and external hémorrhage. senility.

Verdict of Jury: As a result of injuries suffered  
when struck by an automobile driven by Mr. Lewis.  
We the jury return an open verdict.

Automobile and pedestrian, accident at 8800  
Burton Ave. 8/14/1936 and expired St. Louis  
County hospital 8/21/1936.