

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.

OCT 21 1936
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MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

33262

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
Township Carondelet Primary Registration District No. 6248 B
City Bank of Miss. River (No.) St. Ward)

File No.
Registered No. 355

2. FULL NAME don't know.

(a) Residence, No. male skeleton 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) don't know

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.

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

MOTHER 13. NAME don't know

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

MOTHER 15. MAIDEN NAME don't know

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

17. INFORMANT B. J. Jennings (ADDRESS) St. Louis Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph DATE 9-10 1936

19. UNDERTAKER Central Burial Co (ADDRESS) 744 S. Grand

20. FILED Sept. 10 1936 S. J. Mowbray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Found 8/29/36 1936

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 7PM m.

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

Found on bank of Mississippi river, South of Hill Crest Country club, Carondelet township, apparently drowned and floated onto shore. Date of onset

Other contributory causes of importance: man, five feet 9 in. tall, heavy-honed. The body was practically a skeletal condition and part of the skeletal formation separated.

What test confirmed diagnosis? Coroner's view 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? (City or town, county, and State) Specify whether injury occurred 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

(Signed) B. J. Jennings, M. D. 9/16/36

(Address) 3718 Jennings Rd.

Coroner St. Louis, Mo.

