

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

Do not use this space.

42442

1. PLACE OF DEATH

County..... St. Louis Registration District No. 790
 Township..... Clayton Primary Registration District No. 6033^e
 City..... Clayton (No. St. Louis County hospital) St. _____ Ward _____

2. FULL NAME

Evelyn Baries,
 (a) Residence, No. 4024 Lindell, City. St. Ward. St. Louis City, 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 female 4. COLOR OR RACE white 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) 9/26/1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
22 1 8

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Herman, Mo.

FATHER 13. NAME Edward Baries,

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

MOTHER 15. MAIDEN NAME Ella La Beau

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

17. INFORMANT First cousin, Pearl Bischoff
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Herman Mo DATE 11/7 1936

19. UNDERTAKER Robert J. Ambrose
 (ADDRESS) 6633 Clayton Rd

20. FILED 11/7 1936 Dr. J. J. Agnelli
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/4/1936 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 12:30PM

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

Linear fracture of the frontal Date of onset

bone, linear fracture of the petrous
portion of the left temporal bone.

Meningeal hemorrhage, multiple
fractures of ribs. Hemo-tothorax, left,

traumatic tear of the lower lobe of
 Other contributory causes of importance:
left lung. Hemorrhage retro-peri-

toneal space, left. Complete fracture
of left femur. Traumatic tear of the

spleen. Intra abdominal hemorrhage.
 Name of operation Autops Date of yes

What test confirmed diagnosis? Autops Was there an autopsy? yes

23. If death was due to external cause (violence), fill in also the following:
 Accident, suicide, or homicide? OVER 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.

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify.....
 (Signed) Substantino M., M. D.
 (Address) 9718 Jennings Rd.
Crown St. Louis, Mo.

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.

Secondary; Hemorrhage and shock.

Jury verdict; When struck by a University street car at Trinity Ave. and the Public Service right of way, because of Insufficient evidence, return an open verdict for the purpose of further investigation.