

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

Do not use this space.

JAN 29 1937

43358

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
 Township Clayton Carondelet Primary Registration District No. 6248 G
 City St. Louis (No. St. Louis County Hospital)
Gravois Rd. - Frisco Tracks St. _____ Ward _____

File No. _____
 Registered No. 441
 St. _____ Ward _____

2. FULL NAME Unidentified man

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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.
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>?</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>?</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>?</u>		
7. AGE YEARS <u>About 70</u>	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. <u>?</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>?</u>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/18/36 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 8:30PM.

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

Fractured skull, fracture of lower jaw, crushed chest, abdominal injuries. Fracture of the lower left leg.

Date of onset _____

Other contributory causes of importance:
Int. and ext. hemorrhage, shock.

Over

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

MOTHER FATHER

13. NAME ?

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

15. MAIDEN NAME ?

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

17. INFORMANT Dr. Subal Quinn
 (ADDRESS) 3718 Jennings Rd

18. BURIAL, CREMATION, OR REMOVAL
 PLACE St. Luke's Cem. DATE Jan 23 1937

19. UNDERTAKER Parish's Med Co
 (ADDRESS) 744 Gravois Road

20. FILED NOV 23 1936 St. Louis Registrar.

Name of operation _____ 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 _____
 (Signed) Subal Quinn 11/20/36, M. D.
 (Address) 3718 Jennings Rd

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Auto and pedestrian. Accident at Gravois and Frisco Tracks, Carondelet Township. Taken to County hospital and pronounced dead.

Verdict of Jury; From injuries received when hit by unidentified truck, if driver is apprehended we recommend he be held for investigation by grand jury.