APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. Mo. Pacific Tracks (218 Poplar St. ..... Ward)

File No. 9904

Registered No. 2461

2. FULL NAME Hubert Arthur Mayo

(a) Residence, No. Marion Roc Hotel St., 25 Ward.
(Usual place of abode) 508 Pine

(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 Katherine Mayo

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 24, 1897

7. AGE: YEARS 39 | MONTHS 6 | DAYS 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cleaning Fluid.

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) Texas

FATHER

13. NAME James Mayo

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

MOTHER

15. MAIDEN NAME Minnie Brasher

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

17. INFORMANT Katherine Mayo
(ADDRESS) 4259 Lindell

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE Mar 2, 1937

19. UNDERTAKER Mullen Bros
(ADDRESS) 4259 Lindell Blvd

20. FILED MAR 2 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Found dead Feb 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from (No physician in attendance) ....., 19....., to ....., 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 1:45 P.M.

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

Date of onset

Body badly mangled, occurred when run over by train (crew unknown) in front of about 218 Poplar St.

Other contributory causes of importance:

No units involved

Whether criminal or accidental could not be ascertained

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Open Violence Date of injury 2/25, 1937

Where did injury occur? St Louis Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Run over by train

Nature of injury Body badly mangled

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Alfred J. Berry M.D.

(Address) Deputy Coroner

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.

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