

APR 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. LouisRegistration District No. 790File No. 13523Township ClintonPrimary Registration District No. 60339Registered No. 78City Webb (No. 1000)(No. 1000) Rock Hill RoadSt. St. Louis Co 1600th Ward

2. FULL NAME

(a) Residence, No. Manchester Mo St. St. Louis 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. 1 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 Margaret Eiseeman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 28 - 1912

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

24 2 26

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. D.P.C.

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation 2 hrs

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

13. NAME Leslie Eiseeman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville Tennessee

15. MAIDEN NAME Ethelle Ransdell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

17. INFORMANT (ADDRESS) Leslie Eiseeman Manchester Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE 2/26 1937

19. UNDERTAKER (ADDRESS) Parker Fred Co 3410 E. Broadway St. Louis

20. FILED 725 1937 Dr. J. Squarrelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23 1937

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 8:00 p.m.

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

Struck by locomotive while crossing a street under a public crossing.
Automobile + train under

Other contributory causes of importance: 20

Multiple fractures

Name of operation — Date of —

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ACCIDENT Date of injury 2/23 1937

Where did injury occur? WEBSTER SQUARE 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 locomotive struck
Nature of injury multiple fractures

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

If so, specify (Signed) John J. Squarrelli M. D.
(Address) —

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.

