

APR 27 1937

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

Do not use this space.

13647

1. PLACE OF DEATH

County St. Louis Registration District No. 1160
Township Clayton Primary Registration District No. 4470
City University City (No. 7229 Lindell Blvd.) St. _____ Ward _____

2. FULL NAME William Urquhart

(a) Residence, No. 7229 Lindell Blvd. 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 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 Edna Urquhart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 8, 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 5 28

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Shipping Clerk

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) St. Louis (STATE OR COUNTRY) Mo

13. NAME John Urquhart

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. L. E. McCullough (ADDRESS) 7229 Lindell Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 2-8 1937

19. UNDERTAKER Kriegshauser Mortuaries (ADDRESS) 4228 So. Kingshighway

20. FILED Feb. 8 1937 Lena V. Moeller Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-5 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 7:40 m. P.M.

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

Accidental poisoning from Zolton mandole (automobile exhaust fumes in partially closed garage)
Date of onset 2/5/37

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? PHYSICAL STOPS Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ACCIDENT Date of injury 2/5 1937

Where did injury occur? UNIVERSITY CITY, MO. (Specify city or town, county, and State)

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

Manner of injury Substance by auto exhaust gas

Nature of injury Carbon monoxide poisoning

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

If so, specify

(Signed) John O. Council, M. D.
(Address) Linn & Marion County

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.

OCCUPATION

FATHER

MOTHER

