

JUN 12 1937

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

Do not use this space.

791
1003

18006
4582

1. PLACE OF DEATH

County.....
Township.....
City St. Louis Mo. (No. City, Hospital)

Registration District No.....
Primary Registration District No.....

File No.....
Registered No.....
St..... Ward.....

2. FULL NAME

(a) Residence, No. 4400 Washburn Ave. St. 3 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-13-1859
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 1 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. haberer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Huttig Bros. Dan E
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation 14 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memphis Tenn

13. NAME Frank Mason

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

15. MAIDEN NAME Frank Mason

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

17. INFORMANT (ADDRESS) Mathilda Keller 4400 Washburn

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Pauls Catholic DATE 5-4 1937

19. UNDERTAKER (ADDRESS) James B. Smith Funeral Home 67456 Manchester

20. FILE MAY 4 - 1937 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-1 1937

22. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19.....

I last saw him..... alive on....., 19..... Death is said to have occurred on the date stated above, at 8:55 p.m.

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

Haemorrhage due to fractured pelvis and ruptured bladder, caused by being struck by a blue colored coupe in front of 1305 S. Vandeventer Ave., about 8 p. m., May 1st, 1937. Make and driver of car unknown to jury at this time.

CRIMINAL CARELESSNESS.

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 5/1, 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.

Manner of injury Struck by auto
Nature of injury Minor lacerations due to blow. Pelvis

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

If so, specify..... (Signed) Alfred Perry

(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.

243-02

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Keller 71 - J of H 400 wardrobe suddenly
on Sat. May 1st. 1937 Beloved husband
Matilda B. Keller nee Smith Dear father of
Harry, Jean, Forest, Price, Willis Kelly

& Mrs Fay Gaddy and Mrs Minnie Bird
Our Dear father in law & Grandfather
Funeral Tues. May 4th at 2:30 pm 7m - at

~~Reverend of the J. S. F. N. 7 x 56~~

M. and ~~Funeral for~~
Interment St Pauls Churchyard

44210
18730
25520

250
9210
4220
8810
25800

00200
4220
25800

18730

18730