

MISSOURI STATE BOARD OF HEALTH

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BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH 791

JUN 12 1937

1. PLACE OF DEATH

County St. Louis Mo. Registration District No. 1003 File No. 18636
 Township Central Primary Registration District No. City West Registered No. 5212
 City St. Louis Mo. (No. Central City West Ward)

2. FULL NAME Hi Jasper

(a) Residence, No. 1937 Gwalterland, 26 Ward. (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 Helen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 15 1880

7. AGE YEARS MONTHS DAYS If LESS than day, hrs or min. 56 6 7

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

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 (year) spent in this occupation

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

13. NAME Henry Jasper

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Helen Jasper

18. BURIAL, CREMATION, OR REMOVAL Memorial Park

PLAC. DATE May 25 1937

19. UNDERTAKER (Address) Joseph M. Dumm

20. FILED 19 J. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22 1937

22. I HEREBY CERTIFY, That I, attending deceased from Attending physician, 19...

I last saw him alive on, 19... Death is said to have occurred on the date stated above, at 1 P. m.

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

Fragmented fracture of skull. Cont. Haemorrhage.

Other contributory causes of importance: Accident Tail gate struck him in head after he fell from truck

Name of operation none Date of

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury May 22, 1937

Where did injury occur? Street - 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 Fell from truck struck by tail gate.

Nature of injury skull fracture

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

If so, specify (Signed) Joseph M. Dumm (Address) Deputy Coroner

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE SHOULD BE PLACED IN THIS SPACE.

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