

JUL 8 - 1937

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

Do not use this space.

## 1. PLACE OF DEATH

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

Registration District No. 791  
Primary Registration District No. 1008  
City Hospital # 1

File No. 21659  
Registered No. 5411  
St. .... Ward)

2. FULL NAME Alexander W. Capstick,

(a) Residence, No. 2515a Dodier Street, 20 Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

## 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 Effie Capstick,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 1st, 1908

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
28 9 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ass. Foreman Stout Sign Co.  
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) (STATE OR COUNTRY) Illinois,13. NAME Arthur E. Capstick,14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois,15. MAIDEN NAME Myrtle Wiesmann16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois,17. INFORMANT (ADDRESS) Mrs. Effie Capstick, 2515a Dodier Street.18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn, Cem. DATE June 1st, 193719. UNDERTAKER (ADDRESS) Edwardsville, Ills. City of Edwardsville, Ills.20. FILED JUN 1 - 1937 Registrar

*No Medical Certificate of Death*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29, 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 5:30 A.M.  
The principal cause of death and related causes of importance were as follows:  
Superficial burns of face, chest, back, and hands suffered when the bed clothing became ignited from a lighted cigarette, at his home.  
Other contributory causes of importance:  
May 29<sup>th</sup> 1937 at about 8:16 P.M. Bedg. did not burn.

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? Accidental. Date of injury 5/29, 1937  
Where did injury occur? at home  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury see above  
Nature of injury see above

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify Alfred J. Perry, M.D.  
(Signed) Alfred J. Perry  
(Address) Deputy Coroner

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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