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.

JUL 8 - 1937

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

Do not use this space.

21701

File No. 5453

Registered No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

City ST LOUIS, MO. (No. City Hospital #2 St. Ward)

2. FULL NAME WOODROW JAMES THOMAS

(a) Residence, No. 929 BROOKLYN St., Ward. 26
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 24 yrs. 2 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
MALE	NEGRO	SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 4, 1913.

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	24	2	25	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. FURNITURE STORE

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) ST. LOUIS MISSOURI

FATHER

13. NAME JOHN THOMAS

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS MO

MOTHER

15. MAIDEN NAME ALTA OATES

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST LOUIS MO

17. INFORMANT JOHN THOMAS
(ADDRESS) 3307 LAWTON, ST LOUIS MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE FATHER DICKSON CEM DATE June 2, 1937

19. UNDERTAKER LOVE UNDERTAKING CO INC
(ADDRESS) 3103 WASHINGTON, ST LOUIS MO

20. FILED JUN - 1 1937 J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/29 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 2:05 a.m.

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

	Date of onset
Compound Fracture of Skull	
Traumatic intracranial	
Haemorrhage. Fractured	
ribs with Unilateral	
Haemorrhage Lacerated	

Other contributory causes of importance:
Ruptured Right Kidney and spleen
When struck by Auto, driven by partie unknown to jury
all the attention of Father Kelly
Name of operation ..... Date of
Was death confirmed by autopsy? Yes
1:05 O'clock P.M. May 29 1937

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 5/29, 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. Public Place
Manner of injury Struck by Auto
Nature of injury See above

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

(Signed) Joseph M. Quinn, M.D.
(Address) Deputy Coroner