

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

Do not use this space.

JUL 8 - 1937

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City ST. LOUIS (No. PEOPLES HOSPITAL)

791

1003

File No.

Registered No.

22154

5906

2. FULL NAME EMMET ATTERBERRY

(a) Residence, No. 3521 CLARK St., Ward 18

(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 col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN 28 1900

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

33

37

4

14

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. SCULLINS STEEL CO

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) MISS

13. NAME ALEX ATTERBERRY

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

15. MAIDEN NAME ANNIE

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

17. INFORMANT CARRIE ATTERBERRY (ADDRESS) 3521A CLARK AVE

18. BURIAL, CREMATION, OR REMOVAL Quitman Miss. DATE 6-17-37

19. UNDERTAKER R.M.C. GREEN (ADDRESS) 3517 W. ACLEIDE AV.

20. FILED JUN 17 1937 J.F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/12 1937

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 8:10 P.M.

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

External hemorrhage from laceration of left leg and laceration of subclavian vessel as a result of being struck by a traveling crane at the Scullins Steel Works, 6700 Manchester, June 12, 1937, at about 4:05 P.M.

Date of onset

Other contributory causes of importance:

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 June 12, 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. Industry

Manner of injury see above

Nature of injury see above

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify Alfred J. Perry M. D.

(Signed) Alfred J. Perry M. D.

(Address) Admiral's Corner

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.

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