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.

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

Do not use this space.

1. PLACE OF DEATH SEP 10 1937 9

County ..... Registration District No. 791 1003

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

City St. Louis, Mo. (No. en route City Hospital #1. St. ..... Ward)

File No. 28893

Registered No. 7526

2. FULL NAME Stanley Stoyls (STROYLS)

(a) Residence, No. ..... St., NR Ward. Houston, Pennsylvania
(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 Male

4. COLOR OR RACE White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16, 1918

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
19	1	21	

OCCUPATION

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

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) Pennsylvania

FATHER

13. NAME John Stoyls

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

MOTHER

15. MAIDEN NAME Anna Schultz

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

17. INFORMANT John Stoyls
(ADDRESS) Houston, Pennsylvania

18. BURIAL, CREMATION, OR REMOVAL
PLACE Houston, Penn. DATE August 11th 1937

19. UNDERTAKER Albert H. Hoppe Inc.
(ADDRESS) 429 N. Euclid Avenue

20. FILED AUG 9 1937 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 7th, 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 9:55 P.M.

The principal cause of death and related causes of importance were as follows: Depressed fracture of skull and laceration of brain, suffered when struck by unknown train on Terminal Railroad Tracks or Wabash Railroad Tracks between Broadway and East Railroad Avenues, abou 9:00 P.M., August 7, 1937 Cause and Manner could not be determined.

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? ? Date of injury 8/7, 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 See above

Nature of injury See Above

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

If so, specify .....

(Signed) Alfred J. Perry, M.D.

(Address) Deputy Coroner