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

SEP 10 1937

Do not use this space.

29108

1. PLACE OF DEATH
County Alexian Bros
Township
City St. Louis (No. Alexian Bros. Hospital St. Ward)

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No. 7741

2. FULL NAME Ferdinand Digar, Jr.
(a) Residence, No. 3015 South 18th St., 24 Ward.
(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) July 15th, 1917

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
20	1	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. cabinet maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cabinet Shop
10. Date deceased last worked at this occupation (month and year) 8/15/37
11. Total time (years) spent in this occupation 1 mos.

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

FATHER
13. NAME Ferdinand Digar, Sr.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

MOTHER
15. MAIDEN NAME Lenora Cade
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) Ferdinand Digar, Sr.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Park Lawn DATE 8/19/37, 19

19. UNDERTAKER Henry L. Weidemueller
(ADDRESS) 6203 Gravois Ave.

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 16, 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 3:53 A.M.
The principal cause of death and related causes of importance were as follows: Fractured skull, hemorrhage of brain, suffered in automobile accident, one mile south of Bloomsdale Missouri, about 5:30 P.M., August 15th, 1937, when Plymouth Sedan driven by deceased was struck by unknown make of truck driven by J.A.Stiever of Marshall, Mo. Cause & Manner of Accident could not be determined.
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? see above Date of injury 8/15, 1937
Where did injury occur? near Bloomsdale, 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