

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

Do not use this space.

SEP 25 1937

31709

**1. PLACE OF DEATH**

County St. Louis

Registration District No. 785

File No. 31709

Township Bohonne

Primary Registration District No. 6031

Registered No. 108

City Castelwood

(No. 10 On M.P.R.R. Tracks, Castelwood, Mo. Ward)

**2. FULL NAME**

Eugene Chism

(a) Residence, No. 4317 Laclede Ave.

St.           

Ward.           

(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)

Child

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

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

March 29, 1916

7. AGE

YEARS

12

MONTHS

4

DAYS

17

IF LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

Child

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)

St. Louis

Mo.

MOTHER FATHER

13. NAME

Frank Chism

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

Ills.

15. MAIDEN NAME

Frances Ulrich

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

St. Louis

Mo.

17. INFORMANT (ADDRESS)

Mrs. Frances Chism  
4317 Laclede Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cem.

DATE Aug. 19, 1937

19. UNDERTAKER (ADDRESS)

Arthur J. Donnelly Undt. Co.  
3840 Lindell Blvd.

20. FILED

8/18

1937

Agnes Kelly

Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 16, 1937 19

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 4:15 P.M.

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

Railroad accident.  
Struck by locomotive  
while pedestrian on  
railroad right of  
way.

Date of onset

8/16/37

Other contributory causes of importance:

Fractured skull  
multiple fractures.

8/16/37

Name of operation none Date of

What test confirmed diagnosis Physical Was there an autopsy? no

23. If death was due to external cause (violence), fill in also the following:  
Accident, suicide, or homicide? accident Date of injury 8/16/37

Where did injury occur? Castelwood Mo  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Public Place  
struck by train

Nature of injury fractured skull

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

If so, specify

(Signed) John B. Connelley M. D.  
(Address) St. Louis Co.

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.

