

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

Do not use this space.

32588

1. PLACE OF DEATH

County
Township
City St Louis

Registration District No. 791
Primary Registration District No. 1003
(No. James S. Phillips)

File No.
Registered No. 8642
St. Ward)

2. FULL NAME William Staves

(a) Residence, No. 2632 a Lawton St., 21 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 27 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 Col 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) Nov 9 1900

7. AGE YEARS 27 MONTHS 10 DAYS 2 IF LESS than day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur
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) St Louis (STATE OR COUNTRY) Missouri

13. NAME William Staves sr

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

15. MAIDEN NAME Rannie Lewis

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

17. INFORMANT William Staves sr (ADDRESS) 2632 a Lawton

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Sept 16 1937

19. UNDERTAKER J. W. Hughes (ADDRESS) 2620 Lawton

20. FILED SEP 15 1937 J. H. Breck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11 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 2:25 P.M.

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

Internal hemorrhage from a ruptured liver and fractured pelvis as a result of being sideswiped with a truck while a passenger in a Plymouth sedan driven

Other contributory causes of importance:
From Harry Stewart 1.5 miles east of Wentzville on Highway 61 about 5:00 A.M. September 11th 1937

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? Open Verdict Date of injury 9/11 1937
Where did injury occur? Wentzville, 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
Nature of injury Ruptured Liver, Hemorrhage

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Alfred W. Perry M.D.
(Signed) Deputy Coroner
(Address)

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.

