

OCT 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 33309
Township St. Louis Primary Registration District No. 1002 Registered No. 375A
City St. Louis (No. St. Joseph Hosp.) St. _____ Ward)

2. FULL NAME

Alta Paul January
(a) Residence, No. West 11th, 220 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 Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 16 - 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 18 0

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

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) Wisconsin

13. NAME Charles W. Stame

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

15. MAIDEN NAME Chie Greenwood

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

17. INFORMANT (ADDRESS) Earl Stame
5 aring Ave. 220

18. BURIAL, CREMATION, OR REMOVAL PLACE Westlone DATE Sept 17 1937

19. UNDERTAKER (ADDRESS) Carroll - Dordyne
3024 Trost

20. FILED 9/16 1937 M. M. Browne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-16-37 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19 _____, 19 _____

I last saw Dr. J. J. Coran on 9-16-37 at 2:45 a.m. Death is said to have occurred on the date stated above, at 3:45 a.m.

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

Automobile Traumatism
(Driver) Car Hit by Truck
Crushing Injury of Chest
210-M

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy 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 9-16-37
Where did injury occur? Highway 40 mi. from St. Louis
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Automobile Accident
Nature of injury Crushing injury of chest

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) Russell W. Berry M. D.
(Address) St. Louis

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.

SECRET 121