

OCT 26 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35319
Do not use this space.

1. PLACE OF DEATH

(a) County ST. Louis Registration District No. 790
(b) Township Clayton Primary Registration District No. 6033E Registered No. 355
(c) City St. Louis (d) Street No. St. Louis County Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 7303 NOTTINGHAM St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 25 - 1904
7. AGE YEARS 32 MONTHS 9 DAYS 1 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. PLASTER
9. Industry or business in which work was done, as 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) MISSOURI

13. NAME ED. PERKINS

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

15. MAIDEN NAME UNKNOWN

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

17. INFORMANT (ADDRESS) WM. CHAMBERS
1328 A S. BOYLE AV.

18. BURIAL, CREMATION, OR REMOVAL PLACE NEWBURG, MO. DATE SEPT 28 1937

19. FUNERAL DIRECTOR (ADDRESS) E. J. Schmur
3125 Lafayette Ave.

20. FILED 9/27 1937 Brady Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT 26 1937

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

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance were as follows:

Automobile Collision
while driving a private automobile on a public highway
Date of onset 9/26/37

Other contributory causes of importance:
Fractured Skull 9/26/37

Name of operation None Date of
What test confirmed diagnosis Physician's report 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 9/26 1937
Where did injury occur? Clayton (Specify city or town, county, and State)

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

Manner of injury Auto Collision
Nature of injury Fractured Skull

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

If so, specify (Signed) John J. Connelley, M. D.
(Address) James J. Connelley

STATEMENT BY LICENSED EMBALMER

I, James Sullivan, Licensed Embalmer No. 2260
hereby certify that the body recorded on the reverse side of this certificate was embalmed by James Sullivan
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed James Sullivan
Licensed Embalmer No. 2260

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)