REC'D JAN 6 1939

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

44463
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis 3
(b) Township ~~Carondelet~~
(c) City Lemay 1
Registration District No. 784
Primary Registration District No. 200
Registered No. 2125
(d) Street No. Telegraph Rd. at Kingston Drive 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 Edward Skinner
(a) Residence, No. Telegraph Road 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): ????

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

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

7. AGE: about 65 Years | Months | Days | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. night watchman
9. Industry or business in which work was done, as saw mill, bank, etc. Breihan
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) Indiana

FATHER
13. NAME ~~Indian~~ Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Edna Diltz
(ADDRESS) Huston, Texas

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hy Hope DATE Dec 29 19

19. FUNERAL DIRECTOR Fendler Und. Co.
(ADDRESS) 7420 Michigan Ave.

20. FILED DEC 28 1938 19 W. Meyer M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 24, 1938 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 8PM m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Struck by a "hit & run" motorist while a pedestrian on a public highway.	12/24/38
(Verdict--open)	
Other contributory causes of importance:	
Fracture of the skull	12/24
Multiple fractured of ribs on right side.	

Name of operation ..... Date of .....
What test confirmed diagnosis? physical signs Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 12/24/38, 19
Where did injury occur? Lemay, Mo. (City, town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Public place
Nature of injury struck by auto
fracture of the skull

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) John O'Donnell M. D.
(Address) Coroner of St. Louis County, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

1 X12004

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)