

REC'D MAR 13 1939

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

4647
Do not use this space.

1. PLACE OF DEATH

(a) County..... 3 Registration District No..... 791
(b) Township..... 1 Primary Registration District No..... 1003
(c) City..... of St. Louis (d) Street No. Enroute City Hosp 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. 1340

2. PRINT FULL NAME

(a) Residence, No. 4631 Enright Avenue St. 12
(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) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Divorced Husband of Lola

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 25, 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 11 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cement Finisher
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 Sam Sturgeon

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

15. MAIDEN NAME ? Trenham

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

17. INFORMANT Dimple Sturgeon
(ADDRESS) 2707a Accomac

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcella 2/13 1939

19. FUNERAL DIRECTOR (NAME) A. W. McLaughlin
(ADDRESS) 2301 Lafayette Avenue

20. FILED FEB 11 1939 J. P. Brudick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/9/39 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 8 P.M.

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

Fragmented fracture of the skull, with lacerations on a scalp, as a result of falling through a steel shaft at a building under construction at 18th & Mark St. about 6:25 P.M. Feb. 9, 1939.

Other contributory causes of importance:

9th 1939

Name of operation 1860 Date of 7

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? Date of injury 2/9/39

Where did injury occur? St. Louis, Mo.

(Specify city or town, county, and State)

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

Manner of injury Sex above

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? yes

If so, specify.

(Signed) J. P. Brudick

(Address) Deputy Coroner

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *L.R. Cooper*
Licensed Embalmer No. *3633*
P. O. Address *2317 Lafayette*

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

If this body is not embalmed, above space should be left blank.