

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

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.

Dr. Albert Wall
REC'D JUN 8 1939
5
Ev. 6280 11:30 2

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

Do not use this space.

19826

1. PLACE OF DEATH

County *St. Louis*
Township *St. Ferdinand*
City *Wadington Manor* (No. *5528 Jennings*)

Registration District No. *784*
Primary Registration District No. *200*

File No. _____
Registered No. *882*
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. *5528 Jennings Rd.* St. _____ Ward. *8*
(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 *Male* 4. COLOR OR RACE *White* 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) *Dec 9 1921*

7. AGE YEARS *17* MONTHS *5* DAYS *4* If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Student*
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 *0*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis mo*

FATHER 13. NAME *Perry C. Skaggs*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Arkansas*

MOTHER 15. MAIDEN NAME *Amelia Barchie*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis mo*

17. INFORMANT *Perry K. Skaggs*
(ADDRESS) *5528 Jennings Rd.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Memorial Pk* DATE *May 16 1939*

19. UNDERTAKER *Baymann Bros*
(ADDRESS) *One of the new*

20. FILED *MAY 15 1939* *W. K. Meyer* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 13 1939*

22. I HEREBY CERTIFY, That I attended deceased from *May 12, 1939*, to *May 13, 1939*

I last saw him alive on *May 13, 1939*. Death is said to have occurred on the date stated above, at *7:30 p.m.*

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

Juvenile Paresis Date of onset *Birth*

Other contributory causes of importance:

(Anhydremic Intoxication)
2 weeks

Name of operation _____ Date of _____
What test confirmed diagnosis? *Clinical + lab* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

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

If so, specify _____
(Signed) *Albert Wall*, M. D.

(Address) *5322 Helen Ave.*
707

Oscar F. Mueller
License # 3039