

FILED JUN 1 1944 8

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 4664

1. PLACE OF DEATH:

(a) County ST. Louis Mo  
(b) City or town \_\_\_\_\_  
(c) Name of hospital or institution: Missouri Pacific Hosp  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 31 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town ST. LOUIS, Mo.  
(d) Street No. 313 So. 23rd St  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Berkley Hood

3. (b) If veteran, name war None 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race 2 Col 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Martha Hood 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased 10 10 81

8. AGE:			If less than one day
Years	Months	Days	
<u>63</u>	<u>4</u>	<u>5</u>	hr. _____ min. _____

9. Birthplace Birmingham ALABAMA

10. Usual occupation Labor

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name Not Known

13. Birthplace \_\_\_\_\_

14. Maiden name Not Known

15. Birthplace \_\_\_\_\_

16. (a) Informant Martha Hood

(b) Address 313 So. 23rd St

17. (a) ~~Place of removal~~ (b) Date thereof 5/22/44

(c) Place: burial or cremation East St. Louis, Ill

18. (a) Signature of funeral director Hyman Funeral Home

(b) Address 215 So. Jefferson Ave

19. (a) MAY 20 1944 (b) \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 15 year 1944 hour 5 minute 33 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death impaction left leg, Oldman Brain when he was run over by a freight train mangled by W. Ho.

Due to Nearest Engineer and Wm. Klugev, Pullman near the Camden, Mo. Pacific R.R. tracks and Fayette R.R. tracks near St. Vandergraves are about 2.15 P.M. May 15 1944

Other conditions (Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 000

(b) Date of occurrence May 15 1944

(c) Where did injury occur? St. Louis

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industry

(e) Means of injury see above

23. Signature James J. Jefferson (M.D. or other) \_\_\_\_\_

Address 1300 6th St Date signed 5/20/44

Division \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 S. J. Stator  
Licensed Embalmer, No. 2698  
P. O. Address 0769 Chautauque

**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.)**  
If this body is not embalmed, fact should be so stated above.