

FILED MAR 23 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2341

130
506
1945

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
 (b) City or town St. Louis, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
City Hosp #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 006
 (c) City or town St. Louis (If outside city or town limits, write "RURAL") 28
 (d) Street No. unknown (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Unidentified White Male
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
 4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced, unknown
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased abt 1890-1895
 (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 2nd
 year 1945 hour 110 minute 40 P.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
abt 50-55 hr. min.

Immediate cause of death Multiple fracture of skull (Duro) lateral laceration of brain, when he was struck by a freight car operated by one Clarence Allen Barts in front of 2746 Chautau Ave due approx 10:45 P.M. February 2nd 1945
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operation 171
 Of autopsy 31

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)
 10. Usual occupation unknown
 11. Industry or business _____
 12. Name unknown
 13. Birthplace _____ (City, town, or county) _____ (State or foreign country) 9
 14. Maiden name unknown
 15. Birthplace _____ (City, town, or county) _____ (State or foreign country) 9

PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

16. (a) Informant Thomas F. Callahan
 (b) Address 1300 Clark
 17. (a) Burial (b) Date thereof 3-13-45
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation CITY CEMETERY
 18. (a) Signature of funeral director Arthur H. ...
 (b) Address 1300 Clark
 19. (a) MAR 13 1945 (b) J. S. ...
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident on
 (b) Date of occurrence Feb 2 1945
 (c) Where did injury occur? St. Louis (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
 (Specify type of place)
 While at work? no (c) Means of injury Street Car
 23. Signature Alfred J. Perry (M.D. or other)
 Address Deputy Coroner Date signed 3/8/45

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.....

Licensed Embalmer No.....

P. O. Address.....

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.