

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.

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

Do not use this space.

OCT 11 1934

791
1003

34319

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. City Hospital #1)

File No. 9111
Registered No. 9111
St. Ward

2. FULL NAME

(a) Residence, No. 6905 Pennsylvania St., 1 Ward.

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nellie</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>DEC. 25, 1900</u>		
7. AGE	YEARS <u>33</u>	MONTHS <u>8</u>
	DAYS <u>16</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Track Spinner</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>himself</u>	
	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) <u>North Alabama</u>		
MOTHER	13. NAME <u>Theresa Belcher</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Nellie Belcher</u> <u>6905 Pennsylvania</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>National Cem</u> DATE <u>9/14 - 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Chapman & Co.</u> <u>254 So. Main St.</u>		
20. FILED <u>9</u> <u>J. Bredek</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11 1934

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 9:05 m.

The principal cause of death and related causes of importance were as follows:
Small linear fracture of base of skull with depression of Parieto-Occipital Suture. Cerebral Haemorrhage received when struck by auto in St. Louis, Mo.

Other contributory causes of importance:
Deceased was a pedestrian

Name of operation Date of

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? Accid Date of injury Sept 17, 1934
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.
public place
Manner of injury struck by auto
Nature of injury fractured skull

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) M.D.
(Address)
 Deputy Coroner
9/13/34

