

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

Do not use this space.

28078

1. PLACE OF DEATH

County 2
Township St Louis
City St Louis (No. Barnes Nocht)

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No. 7912
St. Ward)

2. FULL NAME

(a) Residence. No. 2445 Hodge Ave. St. 12 Ward. Granite city, Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

15. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 7 1930
17. No Physician in Attendance
I HEREBY CERTIFY, That I attended deceased from

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 10 - 1912

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>17</u>	<u>10</u>	<u>27</u>	

Fracture of Cervical Vertebra 2 & 3, with Paresis of spinal cord caused by Dislocation of Cervical vertebrae while swimming
CONTRIBUTORY (SECONDARY) Accidental
(duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work utility man
(b) General nature of industry, business, or establishment in which employed (or employer) Rolling mill
(c) Name of employer Granite city steel

18. WHERE WAS DISEASE CONTRACTED.....
IF NOT AT PLACE OF DEATH.....

9. BIRTHPLACE (CITY OR TOWN) Lexia
(STATE OR COUNTRY) Ill

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
WAS THERE AN AUTOPSY?.....

10. NAME OF FATHER Harry E. Case

WHAT TEST CONFIRMED DIAGNOSIS?.....
(Signed) J. W. Penner, M.D.
, 19 30 (Address) Dep. Coroner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Louisville
(STATE OR COUNTRY) Ill

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

12. MAIDEN NAME OF MOTHER Bella Aker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

14. INFORMANT Harry E. Case
(Address) 2445 Hodge Ave

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Granite city Ill
DATE OF BURIAL Aug 9, 1930

15. FILED Aug - 8 1930
REGISTRAR

20. UNDERTAKER J. E. Menden
ADDRESS Granite city Ill

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. OCCUPATION should be stated EXACTLY. PHYSICIANS should state EXACTLY. PHYSICIANS should state EXACTLY.

