

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

Do not use this space.

22680

1. PLACE OF DEATH

County St. Louis
Township central
City St. Louis

Registration District No. 789
Primary Registration District No. 6033B
(No. Missouri Railroad tracks)

File No. _____
Registered No. 516
St. _____ Ward _____

2. FULL NAME

Helen Calkin

(a) Residence, No. St. Vincent's Park St., Ward. Keokuk Iowa
(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 Female 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 single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 5 1/2 years

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher 215
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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keokuk Iowa

MOTHER 13. NAME Und -

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Und -

15. MAIDEN NAME Und -

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Und -

17. INFORMANT (ADDRESS) Records of St Vincent's ant St Vincent's - at Chas. Rd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Keokuk Iowa DATE _____ 19.

19. UNDERTAKER (ADDRESS) Rowland Mortuary Service 224 Delmar

20. FILED 6-26-1931 Opela D. Gray M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/25, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, _____, 19____

I last saw h. _____ alive on 6/25, 1931. Death is said to have occurred on the date stated above, at 9:30 am.

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

207M
Inquest pending
Fractured skull
Internal injuries
Other contributory causes of importance: struck by St. Louis Passenger train near St. Vincent's station.

Name of operation _____ Date of _____
What test confirmed the diagnosis? _____ 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? near St. Vincent's station - no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fractured skull Internal
Nature of injury Struck by St. Louis Passenger train

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

(Signed) John O. Connelley M. D.
(Address) Coroner of St. Louis County

INFORMATION CONCERNING DEATH IN plain terms, so that the may be stated EXACTLY. PHYSICIANS Exact statement of OCCUPATION is very important.

JUN 28 1931

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Louis
Township Central
City (No.) St. Ward

Registration District No. 289
Primary Registration District No. 6033B

File No.
Registered No. 216

2. FULL NAME

Helen Culpkins

(a) Residence, No. St. Ward.

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 6/26 1931 Wolla Gray, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25 1931

22. I HEREBY CERTIFY, That I attended deceased from to 19.....

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at m.

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

Unfractured skull fracture injuries caused by Wabash train near St. Vincente station

Other contributory causes of importance: No automobile involved

Name of operation 207 Date of

What test confirmed diagnosis? Was there an autopsy?

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) , M. D.

(Address)

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATED UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

CAUSE OF DEATH IN PLAIN TERMS, 66 Ch. 117, properly classified. Exact statement of OCCUPATION is very important.

AGE should be stated EXACTLY. PHYSICIAN should state exactly of information to be carenully supplied.

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