

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

Do not use this space.

27626

1. PLACE OF DEATH

96 County St. Louis Registration District No. 1123 File No.
Township Carroll Primary Registration District No. 6248A Registered No. 255
City St. Louis No. 1007 St. Carroll Ward) (If nonresident, give city or town and State)

2. FULL NAME

(a) Residence, No. Madison St., Ward.
(Usual place of abode)
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. (If nonresident, give city or town and State)

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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown 1878</u>		
7. AGE <u>55</u>	YEARS	MONTHS
	DAYS	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Wayfarer</u>	
	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) <u>Unknown</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>W. B. Harmon 3718 Jennings Rd</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mount Olive</u> DATE <u>8/8</u>		
19. UNDERTAKER (ADDRESS) <u>C. Hoffmeister & Co. 1814 S. Grand St. St. Louis Mo</u>		
20. FILED <u>Aug 4 1935</u> <u>L. C. Baker</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9076, 1933, to 9076, 1933.
I last saw him alive on 8/27/33, 1933. Death is said to have occurred on the date stated above, at 7:30 P.M.
The principal cause of death and related causes of importance were as follows:
Accident. Killed by mo. Pac. train, crossing at Carroll township, St. Louis county. Injuries: both legs severed below knee, tops of fingers on r. hand crushed, chest crushed. Sec. - Hemorrhage. Date of onset

Other contributory causes of importance:
on r. hand crushed, chest crushed. Sec. - Hemorrhage.

Name of operation Examination by coroner Date of
What test confirmed 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
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in factory, 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) Subj. B. Harmon (Address) 3718 Jennings Rd. St. Louis, Mo.

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 statements of OCCUPATION is very important.

Jury findings: - Apparently
run over by train and
having both legs severed
below knees in a seemingly
unavoidable accident.