

City Hosp. #1

To be OK'd by St. Louis County Commissioner.
MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 784 File No. 26246-a
 Township St. Ferdinand Primary Registration District No. 6030 Registered No. _____
 City St. Louis Training School Ward) _____

2. FULL NAME

Hall, Amos
 (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 10 yrs. 19 mos. 19 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>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 29, 1909</u>		
7. AGE	YEARS	MONTHS
<u>24</u>	<u>7</u>	<u>22</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>None</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>Don't know</u>		
FATHER	13. NAME <u>Don't know</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Don't know</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>"</u>	
17. INFORMANT <u>St. Louis Training School Records</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Louis U</u> DATE <u>8-14</u> 19 <u>4</u>		
19. UNDERTAKER <u>Walter Richter</u> (ADDRESS) <u>3500 Bridger St</u>		
20. FILED _____, 19 _____ Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1934, to July 21, 1934
 I last saw him alive on July 21, 1934 Death is said to have occurred on the date stated above, at 5:50 pm.
 The principal cause of death and related causes of importance were as follows:
Respiric Death
191 191
 Other contributory causes of importance: Heat Exhaustion
 Date of onset 7/21/34
 Name of operation None Date of _____
 What test confirmed diagnosis? Clinical 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? _____ (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? no
 If so, specify _____
 (Signed) L. A. Miesch, M. D.
 (Address) St. Louis Training School

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.

WALTER A. ZEITLER, M. D.
ST. LOUIS, MO.

Registration Dist. 784
Crim Dist. 6030

11/21/34.

Dr. H. Groe, -

Dear Doctor, -

By the inclosed letter of Dr. Trueman you will note the trouble he has had to get information in the case of Amos Hall.

This death occurred as you will note on July 21st. I received the certificate on October 10th when it was delivered to the Trueman Hospital and placed on my desk. I went at once to the Society of Dr. Trueman who told me she had tried and tried to get information in this case at the time of death but got no cooperation and was unable to locate the body.

Dr. Trueman's Society phoned a number of times within the next two weeks. (Several times in my presence) asking information but got only promises that they would write a letter the next day. These promises were not kept until a letter dated October 23rd arrived giving information as stated in Dr. Trueman's letter.

Respectfully
Walter A. Zeitler



LUKE B. TIERNON, M. D.
CORONER
3718 JENNINGS ROAD
PINE LAWN
SAINT LOUIS COUNTY, MO.

RECEIVED

NOV 23 1934

THE STATE BOARD OF HEALTH
OF MISSOURI

11/19/34.

Bureau of Vital Statistics,
Jefferson City, Mo.

Gentlemen:

In re: Amos Hall; deceased.

We are enclosing herewith death certificate, which we have not O.K'd for the reason that we have tried to check this matter for some time, and have not been able to get sufficient information. After going into detail we might state that we did learn deceased, was committed to the St. Louis Training school by order of the Circuit Court, Juvenile Division, July 1st 1924, demise July 21st, 1934, death certified by Dr. Lorenz A Miesch, cause Thermic death (Heat exhaustion) body transferred to City hospital Mortuary, subsequently assigned to the Anatomical Board as "unclaimed body." This information has just been recently obtained, and we do not feel, obliged to OK the certificate, as I have not been able to view the body, and actually knew nothing of the case, until checking same back and forth of recent date.

Respectfully,

Luke B. Tiernon, M.D.
CORONER ST LOUIS COUNTY.

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