

JAN 7 1935

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

Do not use this space.

44257

1. PLACE OF DEATH

County *St. Louis* Registration District No. *333*
Township *St. Ferdinand* Primary Registration District No. *4468*
City *Ferguson* No. *5116 Gerson Road* St. _____ Ward _____

2. FULL NAME

Arthur J. Schaille

(a) Residence, No. *Larkin Ave* St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred *11* yrs. *1* mos. *1* 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 *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 16 - 1916*

7. AGE YEARS *18* MONTHS *4* DAYS *7* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. *Civilian Conservation Camp*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Greenville, Mo*

10. Date deceased last worked at this occupation (month and year) *Dec 20 - 1934* 11. Total time (years) spent in this occupation *3 months*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Cape Girardeau, Mo*

13. NAME *Calvin Schaille*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Pittsburg Pa*

15. MAIDEN NAME *Helen Beck*

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

17. INFORMANT (ADDRESS) *Calvin Schaille Larkin Ave, Ferguson, Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary* DATE *Dec 27 1934*

19. UNDERTAKER (ADDRESS) *L. B. Tanner 6127 Natural Bridge Rd*

20. FILED *Dec 26 1934* *M. G. Jettler* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *12/23/1934* 19

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 *8:30 P*

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

Macerated left lung; fracture of 4th 5th and 6th rib, left side, lacerated spleen, ruptured left kidney, ruptured pericardium, ruptured liver, Hematothorax.

Other contributory causes of importance: *Internal and external hemorrhage and shock.*

Name of operation..... *OVER* Date of.....
What test confirmed diagnosis? *Autopsy* Was there an autopsy? *yes*

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.....

(Signature) *John B. Turner* 12/24/34 M. D.
(Address) *3718 Jennings, Rd.*

Coroner, St. Louis, Mo.

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.

Accident happened at 511 Carson road,
taken to Dr. Legatt's home, where he was
pronounced dead, in Ferguson, St. Louis County, Mo.

Pedestrian and auto; auto striking pedestrian.

Verdict of Jury; Due to careless driving on
Howard Browns' part. Verdict criminal
carelessness.