

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.

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

Do not use this space.

JAN 23 1935

1. PLACE OF DEATH

County St. Louis  
Township Central  
City Clayton

Registration District No. 990  
Primary Registration District No. 6033a  
(No. St. Louis County Hosp.)

File No. 44375  
Registered No. 424  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. Valley Park, Mo. 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 M 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-3 1908

7. AGE YEARS 26 MONTHS 2 DAYS 20 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Delivery truck  
10. Date deceased last worked at this occupation (month and year) Dec 1934 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Valley Park, Mo.

13. NAME John Broz

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

15. MAIDEN NAME Mary Popplik

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co., Mo.

17. INFORMANT (ADDRESS) John Broz, Valley Park, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cem DATE Dec-26-34

19. UNDERTAKER (ADDRESS) Koch's Undertakers, Fenton, Mo.

20. FILED 2-24-34 1934 Rott Jambuster 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 11A.m.

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

Fractured mandible bi-lateral, fractured femur, rt side, multiple fractured femur and tibia and fibula on left side. Internal injuries.

Other contributory causes of importance: Shock and internal and external hemorrhage.

Name of operation Copcher's view Date of \_\_\_\_\_ no  
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 \_\_\_\_\_ 1924/34  
(Signed) Luke J. Turner

(Address) 3718 Jennings, Rd., Crown Point, Ind., Mo.

Airplane accident  
Accident happened route 66,  
near Steuby airport, taken to

St. Louis County Hospital where  
he was pronounced dead.

Verdict of Jury: From an airplane accident, and therefore  
render an open verdict for further investigation.