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.

34774

NOV 27 1935

1. PLACE OF DEATH

County St. Louis Registration District No. 1123 File No.

Township Carondelet Primary Registration District No. 6248 E Registered No. 372

City (No. Mississippi River at Mary Ave. St. Ward)

2. FULL NAME Unidentified male

(a) Residence, No. unknown 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: m

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): ?

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

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

7. AGE: Years: About 40 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.: Unknown

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): Unknown

FATHER

13. NAME: Unknown

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

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT (ADDRESS): not available

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Trinity Lutl Cem. DATE Nov. 1, 1935

19. UNDERTAKER (ADDRESS): C. H. Hoffmeister U & L Co. 7814 So. Broadway

20. FILED Nov 1, 1935 G. Mowery, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Found 10/29/35, 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 2:30PM

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

	Date of onset
Drowned; whether accidental or suicide, no way of determining, was found in Mississippi river by two fishermen at the foot of Mary Ave. Carondelet Township.	

Other contributory causes of importance:

Body showed evidence of being in water 5 days or longer, and will have to be buried as a County (over)

30

Name of operation Date of

What test confirmed diagnosis? Coroner's View 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?

If so, specify 10/30/35

(Signed) Luke D. Tannor, M. D.

(Address) 3918 Jennings Ct

Coroner D. Tannor & Phy

pauper, as every means of trying to establish identification has been exhausted. Body was thoroughly examined and there is no evidence, whatsoever of any injuries.