AUG - 5 1937

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

Do not use this space.

25539

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1603

City ST. LOUIS Mo. (No. ..... 1223 MD AV. St. ..... Ward)

File No. .....

Registered No. 6713

2. FULL NAME JASON SKINNER.

(a) Residence, No. 4921 WISE AV. St., 4 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: MALE

4. COLOR OR RACE: WHITE

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

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ ELLEN SKINNER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 8-1898

7. AGE: YEARS 39 | MONTHS — | DAYS 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. PLUMBER

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) MISSOURI

FATHER

13. NAME CHARLES SKINNER

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

MOTHER

15. MAIDEN NAME MARY ZERTANNA.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI

17. INFORMANT Mrs Ellen SKINNER
(ADDRESS) 4921 WISE AV.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE JULY 13 1937

19. UNDERTAKER E. J. Schnur
(ADDRESS) 3125 Lafayette av

20. FILED JUL 13 1937 E. S. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 1937

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 4:04 p.m.

The principal cause of death and related causes of importance were as follows: (Date of onset)

Haemorrhage due to extensive lacera-
tion of liver and fracture of ribs
as a result of a collision between
Cherokee streetcar operated by one,
Joseph King, and a Chevrolet Coupe
operated by the deceased in front of
about 6457 Gravois Ave. at about 4:04
A.M. July 10, 1937. Accident.

Other contributory causes of importance?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7-10-, 1937

Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place.

Manner of injury see above

Nature of injury see above

24. Was disease or injury in any way related to occupation of deceased? no.

If so, specify .....

(Signed) [illegible], M. D.

(Address) Coroner

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.

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