

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH

County.....
 Townshp.....
 City.....
 Registration District No. **1003**
 Primary Registration District No. **1003**
 File No. **18636**
 Registered No. **5212**

2. FULL NAME

(a) Residence, No. **1937 Grandstand, 26** 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 **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov 15 1880**

7. AGE YEARS MONTHS DAYS If LESS than day, hr or min
56 6 7

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

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 (year) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St Louis Missouri**

13. NAME **Henry Jasper**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St Louis Missouri**

15. MAIDEN NAME **Unknown**

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

17. INFORMANT (ADDRESS) **Helen Jasper 1937 Grandstand**

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE **Memorial Park May 25 1937**

19. UNDERTAKER (ADDRESS) **Walter B. ... 9 ...**

20. FILED 19 **25 1937** **J. F. Bredeck Registrar**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 22 1937**

22. I HEREBY CERTIFY, That I, attended deceased from **no attending physician**, 19...

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at **1 P.** m.

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

Fragmented fracture of skull. Cont. Haemorrhage.

Other contributory causes of importance: **Accident. Tail gate struck him in head after he fell from truck**

Name of operation..... **none** 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? **Accident** Date of injury **May 22, 1937**
 Where did injury occur? **Street - 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 **Fell from truck struck by tail gate.**
 Nature of injury **skull fracture**

24. Was disease or injury in any way related to occupation of deceased? **no**
 If so, specify.....

(Signed) **Joseph M. ...**
 (Address) **Wagener corner**