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.

31599

1. PLACE OF DEATH

County ..... Registration District No. 701

Township ..... Primary Registration District No. #1003

City St Louis (No. City Hospital St. ..... Ward)

File No. .....

Registered No. 8935

2. FULL NAME Theodore T. Etienne

(a) Residence. No. 4915 Terry ave St., 6 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: Kitty S. Etienne

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 21, 1878

7. AGE: Years 49 | Months 4 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Sergeant 169
(b) General nature of industry, business, or establishment in which employed (or employer): Police Dept.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sheridan Co. Mo.

PARENTS

10. NAME OF FATHER: Jean Etienne

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

12. MAIDEN NAME OF MOTHER: Cecile M. Briot

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Green Bay Mich

14. INFORMANT: Mrs. Kitty S. Etienne
(Address) 4915 Terry ave

15. FILED OCT -7 1927 19.. Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 6 1927

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.... that I last saw h..... alive on ....., 19...., and that death occurred, on the date stated above, at 5 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gun Shot Wound of Head - Self Inflicted (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Suicide (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

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(Signed) R. S. Pitt, M. D

7/x, 1927 (Address) Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Jefferson Barrack

DATE OF BURIAL: Oct 8 1927

20. UNDERTAKER: Elmer Shepard

ADDRESS: 5921 Easton