

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

Do not use this space.

19348

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **City Hosp**) File No. **5788**
 Registered No. **5788** St. _____ Ward)

2. FULL NAME

Leo De Lary
 (a) Residence. No. **5648 Spalding** - 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

2. SEX **Male** **4. COLOR OR RACE** **White** **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** **single**
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Jan 20 1895**

7. AGE YEARS MONTHS DAYS **IF LESS than 1 day, hrs. or min.**
33 4 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Metal Polisher**
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

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

10. NAME OF FATHER **Chas De Lary**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **St. Louis**
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Mary Vassier**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **St. Louis**
 (STATE OR COUNTRY)

14. INFORMANT **Chas De Lary**
 (Address) **5648 Spalding St**

15. FILED **May 29 1934**
 Registrar **W. C. Stallery**

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **May 27 1934**

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 **5:30 P. M.**

THE CAUSE OF DEATH WAS AS FOLLOWS:

Gun Shot Wound Head
No. 7. Suicide

CONTRIBUTORY (SECONDARY) **While suffering from temporary mental aberration**

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?
 (Signed) **J. W. Kerney, M.D.**
578, 1934 (Address) **Dep. 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 **6 alcany** **DATE OF BURIAL** **5-30 1934**

20. UNDERTAKER **Arthur J. Donnelly** **ADDRESS** **2039 North St.**

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.

Handwritten text, possibly a signature or name, located at the top left of the page.