

**BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

22501

1. PLACE OF DEATH

County..... Registration District No.....
 Township..... Primary Registration District No.....
 City..... *St. Louis* (No. *Enroute City Hosp*)..... (Ward).....

2. FULL NAME

(a) Residence. No. *14012 Jefferson* St., *23* Ward.
 (Usual place of birth)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if at 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) *Single*

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

6. DATE OF DEATH (MONTH, DAY AND YEAR) *About 32 yrs*
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
abt 32 - - -

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Mill Carpenter*
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer *David House M Co*

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) *Arizona*

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) *Unknown*

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) *Unknown*

PARENTS

14. INFORMANT *J. Kelter*
 (Address) *1123 Missouri Ave*

15.

Filed *May 20 1928* Registrar *May C Stanley*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *June 23 1928*
 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..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gun Shot Wounding Chest

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 CONTRIBUTORY (SECONDARY) *Justifiable Homicide*
 (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? *Yes*

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) *J. W. Kerner*, M.D.

6/25/28 (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

DATE OF BURIAL

St Peter & Paul Cemetery *6-27 1928*

20. UNDERTAKER

ADDRESS

Kriegshauser M Co Manchester

