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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 25472

Township ..... Primary Registration District No. 1003 Registered No. 7286

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

2. FULL NAME Joseph Antoine

(a) Residence. No. 8466a N Broadway St., ... 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: Henrietta Antoine

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 11th 1864

7. AGE: Years 64 | Months 2 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Cement Works
(b) General nature of industry, business, or establishment in which employed (or employer): 1641 84
(c) Name of employer

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

PARENTS
10. NAME OF FATHER: Joseph Antoine
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): France
12. MAIDEN NAME OF MOTHER: Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): France

14. INFORMANT: Louise Antoine
(Address) 8466a N Broadway

15. FILED: Jan 13 1928 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 12 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 6:05 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Asphyxiation
Due to Fuel Gas Poisoning
While Suffering from temporary Mental Aberration
(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?

(Signed) J. W. Kemer, M. D.
7/13, 1928 (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: St Ferdinands
DATE OF BURIAL: July 14 1928

20. UNDERTAKER: Arthur J Donnelly
ADDRESS: 2039 Wash st

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.