

**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  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. 6801 Arthur Ave) St. \_\_\_\_\_ Ward) \_\_\_\_\_

File No. 19876

Registered No. 5498

**2. FULL NAME**

Frank J. Hamtil  
 (a) Residence. No. 6801 Arthur Ave St. 3 Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U.S., if of foreign birth? 50 yrs. mos. da.

**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 Vera Hamtil

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 1, 1889

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>39</u>	<u>5</u>	<u>16</u>	

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Carpenter  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Bohemia  
 (STATE OR COUNTRY) \_\_\_\_\_

10. NAME OF FATHER John Hamtil

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bohemia  
 (STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Barbara Petca

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bohemia  
 (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Vera Hamtil  
 (Address) 6801 Arthur Ave

15. FILED MAY 18 1929 Wm. C. Hamtil REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 17 1929

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, and that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 6:15 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Gun shot wound  
Head  
Suicide yrs. mos. da.

CONTRIBUTORY (SECONDARY) While suffering from  
Temporary Mental Aberration

18. WHERE WAS DISEASE CONTRACTED Aberration  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

8 DID AN OPERATION PRECEDE DEATH \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_

(Signed) J. W. Kerner M.D.  
5/17 1929 (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 S S Peter & Paul DATE OF BURIAL May 20 1929

20. UNDERTAKER Thos Kutes ADDRESS 2786 E. Barois

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.

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