

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

Do not use this space.

12651

1578

*coroner's copy*

**1. PLACE OF DEATH**

County *Jackson*  
Township *Raw*  
City *St. Louis*

Registration District No. *395*  
Primary Registration District No. *St. Luke's Street*

File No. *12651*  
Registered No. *1578*  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. *3761 Paseo* St. *13* Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *6* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *M* 4. COLOR OR RACE *wh* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *married*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *May 30, 1872*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
*57 10 9*

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. *Salesman*  
(b) General nature of industry, business, or establishment in which employed (or employer). *Patterson Paint Co.*  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Le Roy*  
(STATE OR COUNTRY) *N. Y.*

10. NAME OF FATHER *David Bissell*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Le Roy*  
(STATE OR COUNTRY) *N. Y.*

12. MAIDEN NAME OF MOTHER *Miss, Miss*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *N. Y.*  
(STATE OR COUNTRY)

14. INFORMANT *Mrs. Marie Bissell*  
(Address) *3761 Paseo*

15. FILED *4/10*, 19 *30* *M. M. Crowe*  
*Asst* REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Apr 9* 19 *30*

17. I HEREBY CERTIFY That I attended deceased from *Deputy Coroner*, 19 *30*, that I last saw h. *alive on* \_\_\_\_\_, 19 *30*, and that death occurred, on the date stated above, at *5:50* p. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

*Suicide*  
*1609*  
(duration) \_\_\_\_\_ yrs. mos. ds.

CONTRIBUTORY (SECONDARY) *Jumped from building*  
(duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? *No* DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? *yes*

WHAT TEST CONFIRMED DIAGNOSIS? *Autopsy*

(Signed) *Stanley M. Ames* M. D.

*4/10* 19 *30* (Address) *Deputy 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

*Le Roy, N. Y.* DATE OF BURIAL *4/11* 19 *30* *Ship*

20. UNDERTAKER ADDRESS

*A. H. Newcomer's Sons & Co. Inc.*

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.

