

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

Do not use this space.

14247

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City..... (No. **3247**, Morganford

File No.....
Registered No. **3585**
St. Ward)

2. FULL NAME Louis A. Medley

(a) Residence. No. 3247 Morganford St., 16 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Mary Medley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) February 14, 1884

| | | | | |
|--------|-------|--------|------|--|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day,hrs. ormin. |
| | 46 | 1 | 24 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Tile Molder
(b) General nature of industry, business, or establishment in which employed (or employer) Parker-Russell Co.
(c) Name of employer St. Louis, Mo.

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

10. NAME OF FATHER John W. Medley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Elanore Hawkins
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

14. INFORMANT Mrs. Mary Medley
(Address) 3247 Morganford

15. FILED APR 10 1934
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 8 19 30

17. No Physician in attendance
I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
that I last saw h..... alive on 2nd, 1930, and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carbolic Acid Poisoning
(self-administered)
11/3/0 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Suicide
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
8/6/06
IF NOT AT PLACE OF DEATH

19. WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) [Signature] M.D.
4/9, 1930 (Address) Deputy Coroner

*State the DISEASE CAUSING DEATH, or in depths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New Pickers Cemetery DATE OF BURIAL April 11, 1930

20. UNDERTAKER Hauke & Schmitt ADDRESS 3732 S. Grand Blv.

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.

