

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

Do not use this space.

14471

**1. PLACE OF DEATH**

County.....  
Township.....  
City.....

Registration District No. **791**  
Primary Registration District No. **1003**  
(No. **904** **Geyer**)

File No.....  
Registered No. **3815**  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. **904 Geyer** St. **173** Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred **20** yrs. mos. ds. How long in U.S., if of foreign birth? **20** yrs. mos. ds. (If nonresident, give city or town and State)

**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 **Elizabeth Baranovic**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **July 12 - 1888**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**41 9 3**

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work **murder**  
(b) General nature of industry, business, or establishment in which employed (or employer) **Love Foundry**  
(c) Name of employer **Brady Beach Co**

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Austria**

10. NAME OF FATHER **Martin Baranovic**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Austria**

12. MAIDEN NAME OF MOTHER **Unknown**

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

14. INFORMANT **Elizabeth Baranovic**  
(Address) **1529 Richer**

15. FILED **16 1933** **W. J. Steffy** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **April 15, 1930**

17. **No Physician in attendance**  
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 **320 P.** m.

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

**Asphyxiation due to fuel gas poisoning (self administered)**  
**16AC** (duration) ..... yrs. .... mos. .... ds.

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

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

8 DID AN OPERATION PRECEDE DEATH? DATE OF .....  
WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) **C. W. Kerne, M.D.**  
**4/16, 1930** (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 **Concordia** DATE OF BURIAL **Apr. 17 1930**

20. UNDERTAKER **Wm. G. Moy dell** ADDRESS **1926 1/2 Allen**

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.

