

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

Do not use this space.

31341

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. West End of Tower Grove Park Ward) Registered No. 8943

**2. FULL NAME**

(a) Residence. No. 3544 Gales Ave. 16 Ward.  
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>April 9-1905</u>		
7. AGE	YEARS <u>25</u>	MONTHS <u>5</u>
	DAYS <u>3</u>	IF LESS than 1 day, ..... hrs. or ..... min.
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>clerk</u>		
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Druggist</u>		
(c) Name of employer		

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

PARENTS

10. NAME OF FATHER <u>Otto S. Hays</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>St. Louis</u> (STATE OR COUNTRY) <u>Mo</u>
12. MAIDEN NAME OF MOTHER <u>Louise Bryggemann</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>St. Louis</u> (STATE OR COUNTRY) <u>Mo</u>

14. INFORMANT Otto S. Hays  
 (Address) 3544 Gales Ave

15. SEP 13 1930 Wm. W. Warden  
 FILED REGISTER

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 12 1930  
 17. Found Dead  
No Physician in Attendance  
 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 1:30 A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Potassium Cyanide  
Self Administered  
11:30 M. Suicide (duration) ..... yrs..... mos..... ds.  
 CONTRIBUTORY (SECONDARY) (duration) ..... yrs..... mos..... ds.

18. WHERE WAS DISEASE CONTRACTED 165  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

19. WAS THERE AN AUTOPSY?  
 WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) J. M. Murray M.D.  
9/13 1930 (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 West St. Louis  
 DATE OF BURIAL 9-15-1930

20. UNDERTAKER Wacker-Helderle  
 ADDRESS 2331 S. Deloy

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.

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