

**BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

41171

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

File No. **11837**

Township **St. Louis Mo.**  
City **St. Louis Mo.**

Primary Registration District No. **10033**

Registered No. **11837**

(No. **2920a**)

St. **Yves**

St. ....

Ward) .....

**2. FULL NAME**

(a) Residence. No. **2816 Bartholdt** St., **33** Ward, **St. Louis Mo.**

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U.S., if of foreign birth?

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**

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

**June 28-1860.**

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

**70**

**5**

**20**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

**Pattern Maker**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

**Germany**

**10. NAME OF FATHER**

**Unknown**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**Germany**

**12. MAIDEN NAME OF MOTHER**

**Unknown**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**Germany**

**14.**

INFORMANT

(Address)

**Wm F. Kaster**

**2816 Bartholdt**

**15.**

FILED

**DEC 19 1930**

**Max C. Kaster**

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**1 Found dead**

**16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 18-1930.**

**17. My Physician in attendance**  
HEREBY CERTIFY, That I attended deceased from .....

that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... **3:00** m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Strangulation due to hanging by rope**  
**11.5** (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

**suicide**  
(duration) ..... yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

**9** DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? **No.**

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **J. W. Kester**, M.D.  
**12/18, 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**

DATE OF BURIAL

**Mo. Crematory**

**12/20 1930**

**20. UNDERTAKER**

ADDRESS

**Ziegenhein Bros. 2613 Cherokee St.**

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.

