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

Do not use this space.

41397

File No. 12080
Registered No.

1. PLACE OF DEATH

County ..... Registration District No. [illegible]
Township ..... Primary Registration District No. [illegible]
City St. Louis Mo. (No. American Hotel St. ..... Ward)

2. FULL NAME Theo Newbauer

(a) Residence. No. Chicago Ill. St., 25 Ward. Chicago Ill
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Unknown

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF XX

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

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
About 65			

8. OCCUPATION OF DECEASED 167
(a) Trade, profession, or particular kind of work unknown
(b) General nature of industry, business, or establishment in which employed (or employer) " " Unknown
(c) Name of employer Unknown

9. BIRTHPLACE (CITY OR TOWN) UNKNOWN
(STATE OR COUNTRY) "

PARENTS
10. NAME OF FATHER " Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) "
(STATE OR COUNTRY) "
12. MAIDEN NAME OF MOTHER "
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) "
(STATE OR COUNTRY) "

14. INFORMANT Louis Green
(Address) 4132 West Pine

15. FILED DEC 27 1930 Max C. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 23, 1930

17. 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 9 20 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gunshot Wound of Head (self-inflicted) at American Hotel (duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED Suicide
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? .....

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(Signed) J. W. Ferner M.D.
12/27 1930 (Address) Dep Corner

*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
St. Mathews Cemetery	12-27 1930
20. UNDERTAKER A. W. McLaughlin	ADDRESS 1631 Mo.

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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