

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

Do not use this space.

3223

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis, Mo.

(No. 6321 Alaska)

791
1003

File No.....

Registered No. 440

St. Ward)

2. FULL NAME

Hugo Komost

(a) Residence No. 6321 Alaska St. 1 Ward.

(If nonresident, give city or town and State)

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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male

White

Married

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

Theresa Komost

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

Jan. 10, 1881

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

abt. 50

8. OCCUPATION OF DECEASED

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

Salesman 17'

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

Leclade Gas Co.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

St. Louis,

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Henrietta (Unknown)

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14.

INFORMANT (Address)

Theresa Komost
1327 Alameda

15.

JAN 12 1931

Max E. Hartman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 10, 1931

17. No Physician Attended
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 7:00 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Gun Shot Wound Head
Self Inflicted
Suicide

CONTRIBUTORY (SECONDARY)

167 (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?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. W. Fene M. D.

(Address) Def. Comm

*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

New St Marcus

Jan. 12, 1931

20. UNDERTAKER

ADDRESS 6320

Southern

S. Grand.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH exactly as it occurred, so that it may be properly classified. Exact statement of OCCUPATION is very important.

100
100
100