

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

Do not use this space.

16699

1. PLACE OF DEATH

County.....

Registration District No. **791**

791

1003

File No.

Township.....

Primary Registration District No.

Registered No. **5291**

City **St. Louis** (No. **City Hospital #1**)

St.

Ward)

2. FULL NAME

(a) Residence No. **5333 Pershing Ave. 16** Ward **16**

(Usual place of abode)

St.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. **1** mos.

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

mos.

da.

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

Single

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

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

Apr 12, 1912

7. AGE

YEARS

MONTHS

DAYS

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

19

0

17

8. OCCUPATION OF DECEASED

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

Waiter?

(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)

Mexico

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14.

INFORMANT

(Address)

**Gose Torrese
1103 Missouri Pacific Bldg**

15.

FILED

**May 1931
Wacker Helderle**

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Apr 29 1931

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 19.....

that I last saw him..... alive on....., 19....., and that

death occurred, on the date stated above, at..... **9:30 p.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gunshot wound of head self-inflicted at S. O. G. Guard April 27, 1931 (duration)..... yrs. mos. da.

CONTRIBUTORY (SECONDARY)

167 Suicide (duration)..... yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IS NOT AT PLACE OF DEATH

8 DISEASE PRECEDES DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY? **No**

WHICH TEST CONFIRMED DIAGNOSIS?

(Signed) **J. W. Kerner**, M.D.

55, 19 **31** (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

Calvary

May 6 1931

20. UNDERTAKER

ADDRESS

Wacker Helderle

2331 S. Belmont

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.

