

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

Do not use this space.

26166

**1. PLACE OF DEATH**

County St. Louis Registration District No. 790  
 Township Central Primary Registration District No. 60.3.3  
 City St. Louis (No. St. Louis County Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Raymond Duchien  
 (a) Residence, No. 1220 Pine St., \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lillian Duchien</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 18<sup>th</sup> 1898</u>		
7. AGE	YEARS <u>32</u>	MONTHS <u>9</u>
	DAYS <u>13</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Saleman</u>	11. Total time (years) spent in this occupation
	9. Industry, or business in which work was done, as silk mill, saw mill, bank, etc. <u>Real Estate</u>	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>		
FATHER	13. NAME <u>Geo. Duchien</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Michigan</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Mc Mann</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>	
17. INFORMANT <u>Lillian Duchien</u> (ADDRESS) <u>1220 Pine St</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>8/4 31</u>		
19. UNDERTAKER <u>Arthur W. Dannelly and Co</u> (ADDRESS) <u>2039 West St.</u>		
20. FILED <u>Aug 30</u> 19 <u>31</u> <u>R. W. Sullivan</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31 1931

22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_.

The principal cause of death and related causes of importance were as follows:  
Justified homicide  
shot through chest  
of police officers  
173  
173  
 Other contributory causes of importance:  
Syn. shot wound of neck & face.

Date of onset \_\_\_\_\_

0 Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury 7/30 1931  
 Where did injury occur? McAuliffe, Mo.  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
Public place

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) John O'Connell M. D.  
 (Address) St. Louis Mo

AUG 29 1931

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.

