

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

Do not use this space.

30207

1. PLACE OF DEATH

County _____ Registration District No. 192
 Township _____ Primary Registration District No. 1000
 City St. Louis Mississippi River front Arsenal St. Ward _____

File No. _____
 Registered No. 9514

2. FULL NAME

Unknown White Man Identified as Louis Seller
 (a) Residence, No. 409 2nd St. 25 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 Male 4. COLOR OR RACE W. 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) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. Ab. 55

OCCUPATION 8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

FATHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) V

MOTHER 15. MAIDEN NAME V

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) V

17. INFORMANT J. W. Kerner
 (ADDRESS) Coroner's Court

18. BURIAL, CREMATION, OR REMOVAL PLACE Poffler Field DATE 9-11 1933

19. UNDERTAKER Samuel Bros
 (ADDRESS) 2nd Chamber St

20. FILED SEP - 9 1933 1933 Miss. C. St. Mark Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 27 1931

22. I HEREBY CERTIFY, That I attended deceased from 10 to 11 1931
No Physician attended

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 6:00 p. m.

The principal cause of death and related causes of importance were as follows:

Asphyxiation due to drowning
Whether accidental or intentional not ascertained
 Other contributory causes of importance:
183 183

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury None, 1931

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury drowning
 Nature of injury asphyxiation

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signed) J. W. Kerner M. D.
 (Address) Dep Coroner

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.

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