

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

Do not use this space.

39027

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City W. Louis (No. City Hosp) St. Ward)

File No.
 Registered No. 11192
 St. Ward)

2. FULL NAME

(a) Residence, No. 3001 1/2 Indiana St., 24 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

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 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) June 6 1888

7. AGE YEARS 43 MONTHS 4 DAYS 27 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

MOTHER FATHER
 13. NAME William Barthel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

MOTHER FATHER
 15. MAIDEN NAME Emma Schluckebier

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT (ADDRESS) C. J. Stevenson 214 1/2 St. Louis Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE Nov. 7 31

19. UNDERTAKER (ADDRESS) Watt B. Wood & Co. 292 1/2 Jefferson Ave.

20. REGISTRAR (ADDRESS) W. J. Stark 17

MEDICAL CERTIFICATE OF DEATH
No Physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 3 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 11:30 m.

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

Haemorrhage due to laceration of throat with a pair of pliers
as evidenced by post mortem
 Other contributory causes of importance:
suicide

Name of operation none Date of
 What first confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? suicide Date of injury 11/3/31

Where did injury occur? St. Louis Mo.
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
at City Hospital

Manner of injury no injury

Nature of injury.....

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

(Signed) John M. Murray M.D.
 (Address) 11/5/31

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.

Registrar

