

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

Do not use this space.

3324

1. PLACE OF DEATH

County..... Registration District No. 792
Township..... Primary Registration District No. 6008
City St. Louis (No. 1237 1/2 Franklin)

File No.....
Registered No. 1113 St. Ward)

2. FULL NAME

(a) Residence, No. 1237 1/2 Franklin Ave. St. 25 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
About 64

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stationary

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) France

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Margaret P. Poesch 1117 So. Sutherland St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary End DATE Feb. 3 1932

19. UNDERTAKER (ADDRESS) J. H. Giffen & Co. 28 & 22 McFarlane St.

20. FILED FEB - 2 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28 1931

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

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at 2:35 m.

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

Asphyxiation due to fuel gas poisoning (self-administered) Date of onset 11/1

Other contributory causes of importance: Suicide

Name of operation None 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? Suicide Date of injury 19.....

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
Nature of injury (7) (8)

24. Was disease or injury in any way related to occupation of deceased?

If so, specify
(Signed) J. W. Remer M.D.
(Address) Dep. Coroner

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.

RECORD

