

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

Do not use this space.

10991

1. PLACE OF DEATH

County..... Registration District No. 147
Township..... Primary Registration District No. 9
City St. Louis (No. City of St. Louis) City Hospital # 1

File No.
Registered No. 3069
St. Ward)

2. FULL NAME

(a) Residence, No. 5898 Clemmens St. Ward. 5
(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>Grace Hale</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 17-1887</u>		
7. AGE	YEARS <u>45</u>	MONTHS <u>1</u>
	DAYS <u>8</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>Switchman</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Rail Road. 123</u>	
10. Date deceased last worked at this occupation (month and year) <u>Feb. 19, 32</u>	11. Total time (years) spent in this occupation <u>1</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo 1</u>		
MOTHER	13. NAME <u>Robert M. Hale</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unk 1</u>	
	15. MAIDEN NAME <u>Cecilia Green</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unk</u>	
17. INFORMANT <u>Grace Hale</u> (ADDRESS) <u>5898 Clemmens</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Hill Cemetery</u> DATE <u>3-31-32</u>		
19. UNDERTAKER <u>Kingshighway Memorial</u> (ADDRESS) <u>Kingshighway & Stanton</u>		
20. FILED <u>WAR 2-21-32</u> <u>Miss E. F. ...</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 11:57 a.m.

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

Gambol Wound of W.R. (self-inflicted) while suffering temporary mental aberration. Date of onset

Other contributory causes of importance: Suicide

Name of operation..... Date of.....

What test confirmed diagnosis? (A) Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 3/25/32

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.....

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

If so, specify.....

(Signed) J. W. Cerner M. D.

Address 3/29/32

MARGIN RESERVED FOR BINDING
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.

