

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

Do not use this space.

13961

1. PLACE OF DEATH

County Registration District No. *791*
 Township Primary Registration District No. *602B*
 City *St. Louis* (No. *5307*, *Landsdowne*)

File No.
 Registered No. **3261**
 St. Ward)

2. FULL NAME

(a) Residence, No. *Rt #1* St. *14* Ward. *Burkeville, Ill.*
 (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 <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>single</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Feb. 15 1914</i>				
7. AGE	YEARS <i>18</i>	MONTHS <i>1</i>	DAYS <i>18</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as aptaner, sawyer, bookkeeper, etc. <i>Housework 244</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Residence 5307 Landsdowne</i>			
	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) <i>Monroe Co. Ill. see 2</i>				
FATHER	13. NAME <i>John Bald</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>New Athens Ill. see</i>			
MOTHER	15. MAIDEN NAME <i>Alma Hestberg</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Monroe Co. Ill. see</i>			
17. INFORMANT (ADDRESS) <i>John Bald Waterloo, see</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Wartburg Ill.</i> DATE <i>4-6-1932</i>				
19. UNDERTAKER (ADDRESS) <i>Chas. H. Meister, W. & Co. 2114 Broadway</i>				
20. FILED: <i>PP - 1 1932</i> Registrar. <i>W. H. Hestberg</i> (Address) <i>4/13/32</i>				

MEDICAL CERTIFICATE OF DEATH

2 *Found dead*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 3, 1932*

22. I HEREBY CERTIFY, That I attended deceased from *no physician in attendance* 19....., to 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at *8:45 PM*.

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

Asphyxiation due to fuel gas poisoning (self-administered) while suffering temporary mental aberration - 1649

Other contributory causes of importance: *suicide (b)*

Name of operation *1649* Date of.....
 What test confirmed diagnosis?..... 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 *4/3*, 19.....
 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. *In Home*

Manner of injury *Asphyxiation*
 Nature of injury *Fuel Gas Poisoning*

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify *No*
 (Signed) *Wm. V. Diver*, M.D.
 (Address) *Corcoran*

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.

