

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

Do not use this space.

13963

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis, Mo. (No. 2004 Adelgide Ave) St. Ward

File No.
Registered No. **3263**
St. Ward

2. FULL NAME Wm (Schmale) Schmale

(a) Residence, No. 2004 Adelgide Ave 9 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Not known</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Not known</u>		
7. AGE YEARS <u>about 72</u>	MONTHS	DAYS
IF LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Unknown</u>	
	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) <u>Germany 10</u>		
FATHER	13. NAME <u>Not known</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Not known</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Ernest Brocker</u> (ADDRESS) <u>3904 Lee Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bluffton, Ind</u> DATE <u>4-4-1932</u>		
19. UNDERTAKER <u>Henselshausen, Emma, 2nd & 3rd</u> (ADDRESS) <u>Henselshausen, Emma, 2nd & 3rd</u>		
20. FILED <u>PR - 4 133</u> <u>Wm E. Harder</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from 19, 1932, to 19, 1932

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

to have occurred on the date stated above, at 6:30 m.
The principal cause of death and related causes of importance were as follows:

Gunshot Wounds of Head
(self inflicted) at about 11:30 a.m.
while suffering temporary
mental aberration - 1

Other contributory causes of importance:
16 1/2 suicide **(7)**

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? suicide Date of injury 4-2-1932

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.

Manner of injury Gunshot Wounds of Head
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....

(Signed) John J. Duran M.-D.
(Address) 1112 1/2 1st St. S. St. Louis, Mo
Wm E. Harder Registrar.

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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