

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.

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

Do not use this space.

14601
~~15001~~

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **4396**) **Perrose** St. Ward)

File No.
Registered No. **3989**

2. FULL NAME

(a) Residence, No. **4306 Perrose** St. **10** Ward.

(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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helene Loddske (Barsterns)				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 19, 1872				
7. AGE YEARS 59	MONTHS 5	DAYS 3	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce Merchant			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 163			
	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) St. Louis Mo.				
FATHER	13. NAME Anton Loddske			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany			
MOTHER	15. MAIDEN NAME Not Known			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany			
17. INFORMANT (ADDRESS) Mrs. Helene Loddske 4306 Perrose Street				
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters DATE Apr. 25, 1932				
19. UNDERTAKER (ADDRESS) Math. Hermann & Son 1414 East Fair St.				
20. FILED APR 25 1932 Registrar.				

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 22, 1932**

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 **6:30** a.m.

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

Paris Green + Picnators of Godin self-administered at residence, while suffering temporary mental aberration
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Other contributory causes of importance:

34 Suicide

Name of operation Date of operation

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

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. Kerner** M.D.

(Address) **163 Perrose**

