

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

Do not use this space.

18003

1. PLACE OF DEATH

County.....
Township.....
City St. Louis Mo. (No. Forest Park)

Registration District No. 791
Primary Registration District No. 1003

File No.....
Registered No. 4972
St. Ward)

2. FULL NAME

Frank Verick (Verick)
(a) Residence, No. 808 Clarkson Pl. St. 19 Ward 4
(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 (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 17 - 1884
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 3 4

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanical
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engelberg Co.
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) Czecho Slovakia

FATHER
13. NAME Frank Verick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Czecho Slovakia

MOTHER
15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Czecho Slovakia

17. INFORMANT (ADDRESS) Marie Verick
Olveste Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cathedral DATE May 24 1932

19. UNDERTAKER (ADDRESS) Engelberg & Co
423 1/2 N. 2nd St. St. Louis Mo

20. FILED MAY 23 1932 Max C. Vanden
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24 1932
Found dead

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

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 9:30 m.

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

Gunshot wound of head
(self-inflicted)
167 Suicide
Other contributory causes of importance:

Date of onset

Name of operation..... 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 5/24 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.
Public Place

Manner of injury Gunshot wound of head
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....

(Signed) J. J. ... M.D.
(Address) Deputy Coroner

N. B.—Every item of information should be carefully supplied. A full statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

