

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

Do not use this space.

18305

**1. PLACE OF DEATH**

County .....

Registration District No. **791**

Township .....

Primary Registration District No. **1003**

City *St. Louis* (No. *South City Hospital #2* St. .... Ward)

File No. ....

Registered No. **5426**

**2. FULL NAME**

(a) Residence, No. *Unknown* St. *21* Ward.

Length of residence in city or town where death occurred yrs. mos. ds.

(If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Male* 4. COLOR OR RACE *Col.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *—*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Unknown*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *Abt. 30*

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *237*

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) *Missouri*

FATHER 13. NAME *Unknown*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown 31*

MOTHER 15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT (ADDRESS) *J. A. Jones, Deputy Coroner*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Pottersfield* DATE *June 7, 1932*

19. UNDERTAKER (ADDRESS) *Wm. Jones, 25 1/2 Grand St.*

20. FILED *JUN 27 1932* Registrar *W. J. Stankley*

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 23, 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 *7:30* m.

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

*173 Gunshot Wound of Back caused by bullet fired from gun in hands of parties unknown, in St. Louis, Mo.*

Other contributory causes of importance: *173 Homicide*

Name of operation *173 Homicide* Date of... *5/23, 1932*

What test confirmed diagnosis? *173 Homicide* Was there an autopsy? *Yes*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *Homicide* Date of injury *5/23, 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. *In Home*

Manner of injury *Shot (Gunshot Wound) by person unknown*

Nature of injury *Gunshot Wound of Back*

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) *J. A. Jones* M.-D. (Address) *Deputy Coroner*

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.

