

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

Do not use this space.

20868

File No. **5356**
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. **7901**
Township _____ Primary Registration District No. **3025**
City **St. Louis, Mo.** (No. **City Hospital**)

2. FULL NAME

(a) Residence, No. **2420 N. 74th St.** St. **26** Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred **28 yrs. 11 mos.** ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 4, 1903**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
28 **11**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Stenographer**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Typing 255**
10. Date deceased last worked at this occupation (month and year) **10/20** 11. Total time (years) spent in this occupation **19.29**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

13. NAME **Benjamin Franklin**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Russia**

15. MAIDEN NAME **Fannie Zuckerman**

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

17. INFORMANT **Harry Hoffman**
(ADDRESS) **6037 Washington Blvd.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Chapel St. Mary** DATE **June 5, 1932**

19. UNDERTAKER **Oxenhorn & Sons**
(ADDRESS) **4467 Washington Blvd.**

20. FILED **JUN -5 1932** **M. C. Stankov** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 4, 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 **2:30 P.** m.

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

163 M
Potassium Cyanide Poisoning, self-administered at residence.

Other contributory causes of importance:

163 Suicide

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 **6/4, 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 **Potassium Cyanide**

Nature of injury **Poisoning**

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

(Signed) **J. W. Keener** M.D.

(Address) **Dep. 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.

