

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

Do not use this space.

✓ 21011
File No. _____
Registered No. **5512**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. **797**
Township _____ Primary Registration District No. **1005**
City **St. Louis Mo** (No. **4238**, Name **W**)

2. FULL NAME

Metta O Braun
(a) Residence, No. **4238** Name **W** St. **10** Ward.

(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan 4 - 1878**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 **5** **4**

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

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

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation **1 1/4**

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

13. NAME **Henry O Eggers**

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

15. MAIDEN NAME **Doretta Ulrich**

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

17. INFORMANT (ADDRESS) **August L Braun 41035 Magnolia**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New Pickles** DATE **June 10, 1932**

19. UNDERTAKER (ADDRESS) **Funeral Home Co 4238 Waverly**

20. FILED **10 1932** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 8, 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 _____ m. The principal cause of death and related causes of importance were as follows:

Asphyxiation due to fuel gas poisoning (self administered) at residence, while suffering temporary mental aberration.

Name of operation **suicide** Date of _____
What test confirmed diagnosis? **(X) (7)** Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **suicide** Date of injury **6/8, 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 **Asphyxiation due to**
Nature of injury **Fuel Gas Poisoning**

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

WRITE IN PLAIN 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.

