

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **704**
 Township **St. Louis** Primary Registration District No. **104**
 City **St. Louis** (Neighborhood) **Central City Hospital** St. Ward) **15**

24770
 File No. **6916**
 Registered No.
 St. Ward)

2. FULL NAME

(a) Residence, No. **5506 Idaho** St. **15** Ward. (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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Aug C Groening**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan 14 1885**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
47 6 11

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **235**

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**

13. NAME **Aug Kaiser**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ger 10**

15. MAIDEN NAME **Unknown**

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

17. INFORMANT (ADDRESS) **Aug Groening 5506 Idaho**

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE **Lakewood 7-27 1932**

19. UNDERTAKER (ADDRESS) **W. Schumacher 3013 Broadway**

20. FILED **24 1932** Registrar **7/16/32**

MEDICAL CERTIFICATE OF DEATH

No Physician in other than

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 25, 1932**

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

I last saw h..... alive on..... 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:

Gundot Wound of Head self-inflicted at residence while suffering temporary mental abnormality

Other contributory causes of importance: **167 Suicide**

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 **7/25, 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. **Home**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) **J. J. [Signature]** (Address) **Corp. Coronet**

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.

