

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

Do not use this space.

31082

1. PLACE OF DEATH

County Registration District No. 11
Township St. Louis Primary Registration District No. 10133
City St. Louis (No. 9130) Franklin St. 25 Ward

File No.
Registered No. 8920

2. FULL NAME

Edward Wesley (or Works) Identified as Chas. Schmidt
(a) Residence, No. 9130 Franklin St., 25 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 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.
Ab. 55

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Houseman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 2 1/2
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
17. INFORMANT J. W. Kerner
(ADDRESS) Coroner's Court
18. BURIAL, CREMATION, OR REMOVAL PLACE Pottersville DATE 1977
19. UNDERTAKER Ziggy Bros
(ADDRESS) 2421 Chestnut
20. FILED 101-7193 Max B. Starkloff
Registrar.

MEDICAL CERTIFICATE OF DEATH

Found dead
7. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 14, 1932
8. I HEREBY CERTIFY, that I attended deceased from Physician, 19....., to Attendant, 19.....
I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 11:15 a.m.
The principal cause of death and related causes of importance were as follows:
Asphyxiation due to fuel Gas Poisoning
Other contributory causes of importance:
Self Administered 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?..... Date of injury..... 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in/industry, in home, or in public place.
Manner of injury Self Administered
Nature of injury Suicide
24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) J. W. Kerner M.D.
(Address) Dep. Coroner
10/6/32

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.

