

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

Do not use this space.

3792

**1. PLACE OF DEATH**

County ..... Registration District No. 701  
 Township ..... Primary Registration District No. 7033  
 City St Louis Mo (No. 2121 Walnut St)

File No. ....  
 Registered No. 750  
 St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 2121 Walnut St. 22 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 <u>Male</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>S</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE YEARS <u>About 28</u>	MONTHS	DAYS
If LESS than 1 day, ..... hrs. or ..... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>labor</u>
	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

MOTHER  
13. NAME Jim Thomas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
St. Louis

15. MAIDEN NAME Julia Henderson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
St. Louis

17. INFORMANT (ADDRESS)  
Bonnie Owens 2121 Walnut St

18. BURIAL, CREMATION, OR REMOVAL PLACE Cathedral Cemetery DATE 1/21 1933

19. UNDERTAKER (ADDRESS)  
Mr. Dowd 3511 Franklin Ave

20. FILED JAN 21 1933 W. H. [Signature] Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8 1933

22. I HEREBY CERTIFY, That I attended deceased from No Physician - Jan 8 1933 to Jan 8 1933

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 11:25 am.

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

Gunshot Wounds of Chest, Heart & Lung  
 Other contributory causes of importance:  
Justifiable Homicide

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Justifiable Homicide Date of injury 1/8 1933  
 Where did injury occur? St. Louis Mo  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury gunshot wounds of chest  
 Nature of injury

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

1/21/33

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.

237  
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