

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City..... *St. Louis*

Registration District No.....
Primary Registration District No.....
(No. *City Hospital #1*)

File No. **3923**
Registered No. **886**
St. Ward

2. FULL NAME

(a) Residence, No. St. *23* Ward. *Frank Sheridan Ill*
(Usual place of abode) (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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE/MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>April 13, 1893</i>		
7. AGE YEARS <i>39</i>	MONTHS <i>8</i>	DAYS <i>29</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Staff Sgt. U.S. Army</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Fort Sheridan, Ill.</i>		
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) *Norway*

13. NAME *Unknown*

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

15. MAIDEN NAME *Unknown*

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

17. INFORMANT (ADDRESS) *Sgt W Houghtwick U.S. Army Recs. Off Ft. Meade*

18. BURIAL, CREMATION, OR REMOVAL PLACE *National Cem.* DATE *1-25-1933*

19. UNDERTAKER (ADDRESS) *C. Hoffmiller 214 So. Broadway*

20. FILED *JAN 25 1933* Registrar *Max C. Stanley*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan. 12, 1933*

22. *No* 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 *12:25* m.

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

Gunshot wound of head (self-inflicted)
11/17

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 *12/22, 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 *Gunshot Wound of Head*

Nature of injury.....

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

(Signed) *John P. ...* M.D. (address) *Deputy Coroner*

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.

11/2/33

