

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

Do not use this space.

11449

1. PLACE OF DEATH

County..... Registration District No. 781
Township..... Primary Registration District No. 1003
City St. Louis (No. 1117th East Grand Blvd) St. Ward)

File No.
Registered No. 2518
St. Ward)

2. FULL NAME

(a) Residence, No. 1117th E Grand St., 9 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 male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writes the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-18-1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 6 23

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

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

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) Germany

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT Harold D. Schelz (ADDRESS) Corners office

18. BURIAL, CREMATION, OR REMOVAL PLACE Frieden DATE 3-16-33

19. UNDERTAKER Peck Bros (ADDRESS) 3014 Lafayette

20. FILED MAR 15 1933 Max E. Standen Registrar.

MEDICAL CERTIFICATE OF DEATH

No physician attended
21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-13-33 19

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on

to have occurred on the date stated above, at

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

Shot of Head 167
Self Inflicted

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide

Where did injury occur? 1117th E Grand

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury suicide

Nature of injury Gun shot wound of head

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

If so, specify

(Signed) Harold D. Schelz

(Address) Deputy Forester

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.

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3/15/33

