

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

Do not use this space.

11544

**1. PLACE OF DEATH**

County..... Registration District No. 701  
Township..... Primary Registration District No. 1003  
City..... (No. Enroute City Hospital #)

File No.....  
Registered No. 2619  
St..... Ward.....

**2. FULL NAME** Francis Carl Eymann

(a) Residence, No. 6816 West Park St., 4 Ward.

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 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 Harriet Eymann  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26, 1889  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 43 8 14  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur  
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.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
13. NAME Walter Eymann  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
15. MAIDEN NAME Unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Harriett M. Eymann (ADDRESS) 6816 West Park  
18. BURIAL, CREMATION, OR REMOVAL PLACE Walhalla Cemetery DATE March 25, 1933  
19. UNDERTAKER Brehmman - Barral (ADDRESS) 1905 Union  
20. FILED MAR 18 1933 Ray A. Hawley Registrar

**MEDICAL CERTIFICATE OF DEATH**

Dr. Physician in Attendance  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16, 1933  
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 6:30 P.M.

The principal cause of death and related causes of importance were as follows:  
Gunshot Wound of Head, self-inflicted at residence, while suffering temporary mental aberration  
Other contributory causes of importance: 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..... 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.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify.....  
(Signed) Harold G. Schup (Address) Deputy Coroner  
3/18/33

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.

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