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.

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

Do not use this space.

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1003

File No. 11669
Registered No. 2747

1. PLACE OF DEATH

County ..... Registration District No. .....
Township ..... Primary Registration District No. .....
City St. Louis (No. City Hospital St. ..... Ward)

2. FULL NAME Sylvester Steinkopf

(a) Residence, No. 2519 Hadley St., 26 Ward
(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: 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: Henrietta Steinkopf (Wife)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 27, 1895

7. AGE: YEARS 37 | MONTHS 6 | DAYS 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Receiver Inspector
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Amer. Tel. and Tel. Co
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): Illinois

FATHER
13. NAME: Jesse Steinkopf
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

MOTHER
15. MAIDEN NAME: Elizabeth Tesmon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Mrs. Henrietta Steinkopf, 2519 Hadley Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Friedens DATE: Mar. 25, 1933

19. UNDERTAKER (ADDRESS): Math. Hermann and Son, 5161 East Fair Ave.

20. FILED: MAR 22 1933, 19 [signature] Registrar. 3/21/33

MEDICAL CERTIFICATE OF DEATH

No Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar. 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... 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 Abdomen, self-inflicted in front of 9060 N. Broadway, about 12:05 P.M. on March 20, 1933

Date of onset

Other contributory causes of importance: Suicide

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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 3/20, 1933
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 S. Schultz, M. D.
(Address) Deputy Coroner