

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.

17918

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis Mo.** (No. **3420** **Caroline St.**)

File No.....
 Registered No. **4111**
 St. Ward)

2. FULL NAME

(a) Residence, No. **3420 Caroline** St., **18** 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 (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ila Kerckhoff		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 14 1890		
7. AGE	YEARS 42	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. Truck Chauffeur	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pevely Dairy	
	10. Date deceased last worked at this occupation (month and year) 3 1933	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.		
FATHER	13. NAME Jacob C. Kerckhoff	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri	
MOTHER	15. MAIDEN NAME Clara J. Meyer	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri	
17. INFORMANT (ADDRESS) Mrs. Ila Kerckhoff 3420 Caroline St.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Pevely Mo. DATE May 9 1933		
19. UNDERTAKER (ADDRESS) E. St. Schnur 3125 LA FAYETTE AV.		
20. FILED MAY 13 1933		

No physician is attending

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 6 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 **11:00 a.m.**

The principal cause of death and related causes of importance were as follows:
Psychemine Poison Date of onset

Self Administered

Other contributory causes of importance:
165

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **yes**

23. If death was due to external cause (violence) fill in also the following:
 Accident, suicide, or homicide? **suicide** Date of injury **5/6 33**

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.

Manner of injury **Home**

Nature of injury **Carbolic acid Poison**

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

If so, specify

(Signed) **Karl D. White**

(Address) **Deputy Registrar**

Registrar.

