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

Do not use this space.

File No. 21267

Registered No. 5049

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 1936 Arsenal St ..... St. ..... Ward)

2. FULL NAME Victor D. Nauber (Nauber)

(a) Residence, No. 1936 Arsenal St., 16 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 23 - 1908

7. AGE: Years 24 | Months 5 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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) Mo.

FATHER

13. NAME Joseph R. Nauber.

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

MOTHER

15. MAIDEN NAME Josephine Hamilton.

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

17. INFORMANT (ADDRESS) Jos. R. Nauber 1936 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset B. Park DATE June 10, 1933

19. UNDERTAKER (ADDRESS) Pelts Bros 3029 Lafayette

20. FILED JUN 9 1933 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

I. N. ... My name is Hamilton

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7, 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 10 33 P m.

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

	Date of onset
Gunshot Wound	
through Base of Brain	
Self Inflicted.	

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 June 7, 1933

Where did injury occur? St. Louis (Specify city or town, county, and State)

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

Manner of injury Gun

Nature of injury Gunshot of head.

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

If so, specify .....

(Signed) Carl E. Gilmore M.D.

(Address) Deputy Coroner

6/9/33

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD