

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

Do not use this space.

24521

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis Mo.** (No. **Carondelet Park Ave**) Registered No. **5902**
 (Ward)

2. FULL NAME

(a) Residence, No. **4138** **Quincy** St., **W** 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-----------------------|----------------------------------|---|
| 3. SEX Male | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow |
|-----------------------|----------------------------------|---|

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec 23 1863**

| | | | | |
|--------|-----------|----------|-----------|----------------------------------|
| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
| | 69 | 6 | 10 | |

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

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

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 **Unknown Mary**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Louis E. Brinkmann**
 (ADDRESS) **4138 Quincy St.**

18. BURIAL, CREMATION, OR REMOVAL **Marion's Crematorium July 6 1933**

19. UNDERTAKER **Wm J. Rottsch**
 (ADDRESS) **1905 S. Grand St**

20. FILED **JUL - 5 1933**
J. A. Breidick Registrar.

174 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 3 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 a.m.**

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

67 Lurid shock caused in Regina Temple - Suicide - 107

Other contributory causes of importance:

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

What test confirmed diagnosis?..... Was there an autopsy? **720**

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

Accident, suicide, or homicide? **suicide** Date of injury **July 3, 1933**

Where did injury occur? **Carondelet Park St. St. Louis**

(Specify city or town, county, and State)

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

Manner of injury **Public Place**

Nature of injury **Lurid shock caused by R. Temple**

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

If so, specify

(Signed) **Harold G. Schuch**

(Address) **Deputy Registrar**

4151331

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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