

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

Do not use this space.

30842

1. PLACE OF DEATH

County St. Louis
Township Central
City Webster Groves

Registration District No. 790
Primary Registration District No. 6033a
367 Calvert Ave (No. 10)

File No. _____
Registered No. 87
Ward _____

2. FULL NAME

(a) Residence, No. 367 Calvert Ave St., _____ Ward. Webster Groves
(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) June 18 - 1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
21 2 21

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 167

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 84

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no

FATHER 13. NAME Le Campbell Moise

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no

MOTHER 15. MAIDEN NAME Maud. P. Harris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no

17. INFORMANT Le Campbell Moise
(ADDRESS) 367 Calvert Ave Webster Groves

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cemetery DATE Sept. 12 1933

19. UNDERTAKER Louis N. Papp
(ADDRESS) Kirkwood, Mo

20. FILED Sept. 11, 1933 Robt. J. Ambrose
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 9 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 8 P. m.

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

Suicide; shot self through left chest, with # 8 revolver in his home - 367 Calvert Ave Webster Groves
(Cause by mental decompensation known as "Dementia Jeune" was in state institution for 6 mo.)
Other contributory causes of importance: Hemorrhage

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ 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) Suta B. Trimm 9/11/33
(Address) 378 Jennings Rd
St. Louis, Mo

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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Jury report: - We the jury find
that Harold M. Morse came
to his death, by self-inflicted
gun-shot wound, while in a
non-balanced state of mind.