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.

OCT 20 1933

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

Do not use this space.

30856

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 6248 B — Registered No. 311

City Jefferson Bks., Mo. (No. Station Hospital St. Ward)

2. FULL NAME William E. Houghkirk

(a) Residence, No. Qrs. 7-E, Jefferson Bks., Mo. Ward. Jefferson Bks. Mo
(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 Doris E. Houghkirk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 29, 1885

7. AGE: YEARS 48 — MONTHS 7 — DAYS 0 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Soldier
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Army
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 22½ yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Albany N.Y.

FATHER

13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Doris E. Houghkirk Qrs. 7-E, Jefferson Bks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cem DATE Oct 2 1933

19. UNDERTAKER (ADDRESS) C. Hoffmeister U. & L. Co. 7814 So Broadway

20. FILED 9/29 1933 L. C. Obrock M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from September 27, 1933, to September 28, 1933

I last saw him alive on September 28, 1933. Death is said to have occurred on the date stated above, at 1.25 P.m.

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

Gun shot of head, self inflicted — Date of onset

167

167

Other contributory causes of importance:

Name of operation Autopsy — Date of 9/28/33

What test confirmed diagnosis? — Was there an autopsy? Yes

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

Accident, suicide, or homicide? Suicide — Date of injury Sept. 28 1933

Where did injury occur? Jefferson Bks., Mo. (Specify city or town, county, and State)

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

Manner of injury

Nature of injury

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

If so, specify P. A. Brickey

(Signed) P. A. Brickey, Capt., M.C. M.D.

(Address) Jefferson Bks., Mo.

Jefferson Bks. Mo. 3718 Jefferson Bks. Mo. Coronado St. Louis Co. 9/30/33