

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

Do not use this space.

31-000

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 1003
City St. Louis (No. 5202 Waterman)

File No.
Registered No. 8310
St. Ward)

2. FULL NAME

(a) Residence, No. 5202 Waterman St., 12 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 24 1865

7. AGE YEARS 67 MONTHS 8 DAYS 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. Salesman

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

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) Shannon, Tenn.

13. NAME Wm. Scanland

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

15. MAIDEN NAME Mat Ardent

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

17. INFORMANT (ADDRESS) Mrs. A. C. Muespangh

18. BURIAL, CREMATION, OR REMOVAL PLACE Shannon, Tenn. Sept 25 1933

19. UNDERTAKER (ADDRESS) Wm. W. Decker & Co. 1110 Washington St. St. Louis

20. FILED 5202 J. B. Decker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-22, 19 33

22. I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19.....

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at 7:00 P.M.

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

Incised wounds of wrist (suicide) Date of onset

Self-inflicted at residence Sept. 22 - 1933

Other contributory causes of importance: 168

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 9-22, 19 33

Where did injury occur? City (Specify city or town, county, and State)

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

Manner of injury Incised wounds of wrist

Nature of injury Suicide

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Frank P. Furlong (Address) Coroner

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

