

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

Do not use this space.

34969

1. PLACE OF DEATH

County..... Registration District No. **791**
 Townshp..... Primary Registration District No.
 City **St. Louis, Mo.** (No. **East Paul to City Keys**) St. **9150** (Ward)

2. FULL NAME

(a) Residence, No. **16405 Texas Ave.** St. **23** Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 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 **Frances Levy**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 7-1899**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 1 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Janitor 163**

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

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) **St. Louis Missouri**

13. NAME **Wm Levy**

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

15. MAIDEN NAME **Anna Unknown**

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

17. INFORMANT **Mrs Frances Levy** (ADDRESS) **16405 Texas Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Nath Cemetery Jefferson Barracks** DATE **October 24, 1933**

19. UNDERTAKER **E. J. Schmyer** (ADDRESS) **3125 Lafayette Ave**

20. FILED **21 1933, 19** **Gej Brebeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **October 21, 1933**

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at **5:20** p.m.

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

Carbolic acid poisoning
Self administered while
suffering temporarily mental
depression
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 **10/21, 1933**

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

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

Manner of injury **Carbolic Acid**

Nature of injury: **poison**

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

If so, specify _____

(Signed) **Joseph P. Kelly**

(Address) **St. Louis, Mo**

23/33

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.

OCT 10 1933

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V. S. No. 2

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