

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

Do not use this space.

37927

File No. 6549
Registered No. 6549
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. 31
Township _____ Primary Registration District No. 23
City Solonia (No. Benton Park)

2. FULL NAME

(a) Residence, No. 2615 So 9th St. 23 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) May 7-1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 5 28

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

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

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

12. BIRTHPLACE (CITY OR TOWN) Solonia (STATE OR COUNTRY) Mo.

13. NAME John Botz, Sr.

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Joseph Sadowsky, 451 Briar Place

18. BURIAL, CREMATION, OR REMOVAL PLACE New S. S. Peter's Bur. DATE Nov 7th 1933

19. UNDERTAKER (ADDRESS) Stanley Haldale, 2331 So Broadway

20. FILED 11-13-33 J. F. Bredeck Registrar.

No MEDICAL CERTIFICATE OF DEATH by physician in attendance.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 3rd 1933

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 9 A.M.

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

Asphyxiation due to drowning - Suicide
Other contributory causes of importance: None

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 Nov 3rd 1933

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

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

Manner of injury drowning -
Nature of injury Asphyxiation

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

If so, specify _____ (Signed) Frank P. Sadowsky, M. D.

(Address) Solonia

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.

JAN 9 1934

