

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.

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

Do not use this space.

MAY 25 1934

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1008

14374

1. PLACE OF DEATH

County Registration District No.
Township *St. Louis* Primary Registration District No.
City *St. Louis* (No. *City Hospital*)

File No.
Registered No. *3547*
St. Ward)

2. FULL NAME

(a) Residence, No. *15343 Wells* St., *6* 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 *Wh* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Agnes Carroll*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov. 19, 1900*

7. AGE YEARS *33* MONTHS *4* DAYS *18* If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Chauffeur*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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 Mo.*

MOTHER 13. NAME *Thomas Brady*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo.*

15. MAIDEN NAME *Sophie Unknown*

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

17. INFORMANT *Agnes Brady* (ADDRESS) *5343 Wells*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Memorial Park* DATE *April 10, 1934*

19. UNDERTAKER (ADDRESS) *Chas. S. Stuart 1225 Union Blvd.*

20. FILED *J. D. Prebeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 7, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *11:30 P.M.*, 19....., to....., 19.....

I last saw him alive on....., 19..... Death is said to have occurred on the date stated above, at *12:21 A.M.*

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

Arsonic poisoning, self administered while suffering temporary mental labortities

Other contributory causes of importance:

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? *Suicide* Date of injury *4/7/34*

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

Specify whether injury occurred in industry, in home, or in public place. *Home of brother*

Manner of injury *Arsonic*

Nature of injury *Arsonic*

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) *Garret H. King* (Address) *1934*

