

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

14816

1. PLACE OF DEATH

County.....
Township.....
City..... *St. Louis*

Registration District No. *791*
Primary Registration District No. *1003*
(No. *1524^e No 17th St*)

File No. *4010*
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. *1524^e No 17th St*, St. *76* Ward.

(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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF— <i>Mary Pukacz</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Nov 29, 1880</i>		
7. AGE	YEARS <i>53</i>	MONTHS <i>4</i>
	DAYS <i>20</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Retired</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>✓</i>	
	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) <i>Poland</i>		
FATHER	13. NAME <i>John Pukacz</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Poland</i>	
MOTHER	15. MAIDEN NAME <i>Don't Know</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Poland</i>	
17. INFORMANT (ADDRESS) <i>Charles Pukacz 5750^e Amelia</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Oakvary Cem</i> DATE <i>April 21, 1934</i>		
19. UNDERTAKER (ADDRESS) <i>Central Ind & L Co 1841 Broadway</i>		
20. FILED <i>19</i> <i>J. Bredeck</i> Registrar.		

Not by an attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 19*, 19*34*

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 *12:30 p.m.*

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

Gunshot wound of head self-inflicted at residence while suffering temporary mental aberration.

Other contributory causes of importance:

Illness

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 *4/19/34*
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury *gunshot*
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *no*
If so, specify

(Signature) *Harold P. King* (M.D.)
(Address) *12434*

Date of onset
16th 34

