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.

JUN 26 1934

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

Do not use this space.

File No. 17983

Registered No. 139

1. PLACE OF DEATH

County St Louis — Registration District No. 789

Township Central — Primary Registration District No. 6033-B

City ..... (No. 2218 Louise Ave. ..... St. ..... Ward)

2. FULL NAME Charles E Schott

(a) Residence, No. 2218 Louise Ave. ..... 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Schott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 20 - 1880

7. AGE — YEARS 53 — MONTHS 4 — DAYS 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

FATHER

13. NAME Chas Schott

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

MOTHER

15. MAIDEN NAME Eliz. Paulsen

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

17. INFORMANT Anna Schott
(ADDRESS) 2218 Louise Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Zyrick — DATE 5/21 1934

19. UNDERTAKER A J Lecher Und. Co.
(ADDRESS) 1417 N. Market St

20. FILED 5-19- 1934 H A Bachmann
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/17/34, 19

22. I HEREBY CERTIFY, That I attended deceased from 1604 ....., 19....., to ..... 1534 ....., 19..... I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 9:30PM

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

Suicide; Destruction by self intent. Closed up hitchen and sat over the burners of gas stove and was found there dead, about 9;30 PM 5/17/34, by his wife. When

Date of onset

Other contributory causes of importance:

she came home found house full of gas, caused by dispondency from alcoholism.

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Name of operation ..... Date of .....

What test confirmed diagnosis? His and Coroner's view 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 ....., 19.....

Where did injury occur? 2218 Louise Ave.
(Specify city or town, county, and State)

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

Manner of injury Gas suicide

Nature of injury .....

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

If so, specify .....

(Signed) Luke B Tuson 5/18/34, M. D.

(Address) 3218 Jennings Rd

Coroner St Louis Co, Mo.