

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. *791*  
Township..... Primary Registration District No. *1102*  
City *St. Louis Mo.* (No. *City 1102*)

File No. *18999*  
Registered No. *5533*  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. *4120 Audway* St., *1* 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 *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *M*  
5A. IF MARRIED, WIDOWED, OR DIVORCED *Franky* HUSBAND OF (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 13 - 1896*  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min. *38 3 18*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House wife*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *18*  
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation..... *8*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Minneapolis Minn*

13. NAME *William A Mitchell*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Worcester Mass*

15. MAIDEN NAME *Bertha Foster*

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

17. INFORMANT (ADDRESS) *Frank Langley 4120 Audway St*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Cadiz Mo* DATE *6-4* 19*34*

19. UNDERTAKER (ADDRESS) *Frank Zimmerman Bros 2027 Harrison Ave St. Louis Mo*

20. FILED *1934* *Joe J. Bredeck* Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 31*, 19*34*

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at *5:15* p.m.

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

*gun shot wound of right temple, self-inflicted at residence about 4:15 PM May 31, 1934 while suffering from knife -*

Other contributory causes of importance: *very mental aberration*

Name of operation *167* 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 *5/31*, 19*34*  
Where did injury occur? *Home - 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 *gun shot wound*  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....

(Signed) *Joe J. Bredeck* Registrar.  
(Address) *St. Louis Mo*

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 19 1934

