

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

Do not use this space.

22080

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township St. Louis Primary Registration District No. 1003  
City St. Louis Ward 2

File No. ....  
Registered No. 5836  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 5868 Boerner St. Ward. (ABELN)  
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May-12-1866</u>		
7. AGE	YEARS	MONTHS
	<u>68</u>	<u>-</u>
		<u>29</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation.
<u>At Home</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
13. NAME <u>John Hardt</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Theresa Waly</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>Mrs. Epuzer</u> (ADDRESS) <u>5868 Boerner St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New St. Marcus</u> DATE <u>6-13</u> 19 <u>34</u>		
19. UNDERTAKER <u>Peet Bros.</u> (ADDRESS) <u>3029 Lafayette</u>		
20. FILED <u>IV 12 1934</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

No. 1003 W. P. M. A. S. S.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1934

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 10:00 A.M.

The principal cause of death and related causes of importance were as follows:  
Injured grounds of heart and both wrists, self inflicted while suffering temporary mental aberration.

Other contributory causes of importance:  
6 1/2

Name of operation..... Date of.....  
14

What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external cause (violence), fill in also the following:  
Accident, suicide, or homicide? suicide Date of injury 6/10, 1934  
Where did injury occur? St. Louis, Mo.  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. Public

Manner of injury gun wound  
Nature of injury gun

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....  
(Signed) Harold P. Bluff M.D.  
(Address) St. Louis

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.

