

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

Do not use this space.

22747

1. PLACE OF DEATH *St Louis*
 County *Carondelet* Registration District No. *1123*
 Townships *Raytown* Primary Registration District No. *6248 C*
 City *Raytown* (No. *1234*) *Dammer Ave.* St. _____ Ward _____
 Registered No. *210*

2. FULL NAME *Jacob Frederick Zahn*
 (a) Residence, No. *1234 Dammer Ave.* St. _____ Ward _____
 (Usual place of abode) ~~Raytown~~ (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 *Mabel Zahn*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 17 1897*

7. AGE YEARS *36* MONTHS *8* DAYS *26* If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Electrician*

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) *Mc Gregor Iowa*

FATHER 13. NAME *Jacob F. Zahn*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

MOTHER 15. MAIDEN NAME *Minnie Meaney*

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

17. INFORMANT *Mabel Helen Zahn*
 (ADDRESS) *1234 Dammer Ave.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *National Cem.* DATE *6-16-34*

19. UNDERTAKER *C. Hoffmeister U-L Co.*
 (ADDRESS) *67814 E Broadway*

20. FILED *6-16* 19*34* *B. F. Tate M.D.* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6/13/34* 19*34*

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h. *16/34* alive on _____, 19____. Death is said to have occurred on the date stated above, at *5/43PM*
 The principal cause of death and related causes of importance were as follows:

Suicide by self intent, took piece of hose (tubing) connected to gas opening in basement, put same in his mouth, covered his body with piece of cloth. Was found dead by his wife and children on the basement floor in this condition. Left notes to wife and children in effort to the

Other contributory causes of importance: _____
 Date of onset _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? *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 *6/13/34*
 Where did injury occur? *1234 Dammer Ave*
 (Specify city or town, county and State)
 Specify whether injury occurred in industry, in home, or in public place. *home*

Manner of injury *suicide*
 Nature of injury *gas*

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) *John B. Turner* 5/19/34, M. D.
 (Address) *3718 Jennings, St. Louis*

Anna H. Gandy, Sec. to Co.

WRITE CAREFULLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

JUL 9 - 1934

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.

above. Despondent from unemployment and
also supposed to be ill, -- cause given
for the above.