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.

AUG 15 1934

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 File No. 26432

Township ..... Primary Registration District No. 1003 Registered No. 6591

City [illegible] (No. En Route City Hospital #1 St. ..... Ward)

2. FULL NAME Sigmond Rozaitys

(a) Residence, No. 525 E Espenshield Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Franzis Rozaitys

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE Abt 56 YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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 16

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lithuania

FATHER

13. NAME Jos. Rozaitys

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk

MOTHER

15. MAIDEN NAME Anna Guditys

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

17. INFORMANT (ADDRESS) Anna Bovas 1314 Allen Av.

18. BURIAL, CREMATION, OR REMOVAL PLACE St Peter & Paul DATE July 6, 1934

19. UNDERTAKER (ADDRESS) Jos. P. Fendler Jr. 7128 Michigan Av.

20. FILED [illegible] 19 J. S. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 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 7 30 m.

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

Date of onset

Gunshot Wound of Head (self-inflicted) at residence while suffering temporary mental aberration.

Suicide

Other contributory causes of importance:

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 7/1, 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. In Home

Manner of injury Gunshot Wound of Head (self inflicted)

Nature of injury [illegible]

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

If so, specify

(Signed) [illegible] Greeney, M.D.

(Address) Deputy Coroner

7/8/34

100M-11-24-33