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.

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

NOV 22 1934

Do not use this space.

38126

1. PLACE OF DEATH
County St. Louis — Registration District No. 1123 — File No.
Township Carondelet — Primary Registration District No. 6248 G — Registered No. 357
City Sappington (No. Gravois & Musick Rd. St. Ward)

2. FULL NAME August Doll
(a) Residence, No. Gravois & Musick Rd. 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 M.
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Bertha Doll

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15 - 1872

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
62	2	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 165
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 89

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis County Mo

FATHER
13. NAME Ignatz Doll
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alsace Lorrain

MOTHER
15. MAIDEN NAME — Ritter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Bertha Doll Gravois & Musick Rd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Burial DATE 10/6 1934

19. UNDERTAKER (ADDRESS) J. L. Ziegenhein & Sons 7027 Gravois

20. FILED 10-4 1934 B. F. Tate M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/4/34, 19

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 8am m.
The principal cause of death and related causes of importance were as follows:

Suicide: By hanging himself by neck with rope, to one of the rafters in the barn. Was found by wife 8am. Hung in this position until death was caused by strangulation.

Date of onset

Other contributory causes of importance:
From history: Has been physically and mentally impaired for some time. From history has had a number of

Name of operation Coroner's view 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? Date of injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

165 over

24. Was disease or injury in any way related to occupation of deceased?
If so, specify 10/5/34
(Signed) Luke B. Tiernon, M.D.
(Address) 3718 Jennings, Rd.

Coroner St. Louis, Co., Mo Co.

mental aborations threatening suicide, in different ways, threatened to cut his throat with razor a couple of times prior to hanging.