

JAN 23 1935

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

Do not use this space.

44300

1. PLACE OF DEATH

County St. Louis Registrar's District No. 786
Township Central Primary Registration District No. 4469
City Maplewood (No. Hope + Manchester Aves St. 61 Ward)

File No. _____
Registered No. 51

2. FULL NAME

(a) Residence, No. 26916 Harner St. St. Louis Mo. Ward. Mo
(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 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 Barbara Hossitt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 12, 1882

7. AGE YEARS 52 MONTHS 3 DAYS 15 If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. 30

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

13. NAME Fred Hossitt

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

15. MAIDEN NAME Anna

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

17. INFORMANT Mrs. N. Hummel (ADDRESS) 2208 Richmont Ave.

18. BURIAL, CREMATION OR REMOVAL PLACE Peter + Paul Cem DATE 12/29 1934

19. UNDERTAKER (ADDRESS) Croghan Und. Co. Inc. 7146 Manchester Ave.

20. FILED Jan 10 1935 Pauline Bretz Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 27 1934

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

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ p.m.

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

Suicide, shot self thru head with revolver. Bullet entering just posterior to right mastoid. Bullet remaining in skull vault. Died immediately.

Other contributory causes of importance: Destruction of skull, mass- ceration of brain. Hemorrhage and shock.

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 _____

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

(Signed) Lula B. Turner 1934 M. D.
(Address) 3718 Jennings, Rd.

Coroner St. Louis, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

