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.

APR 11 1935

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

Do not use this space.

14324

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City S. Saint Louis (No. City Hosp St. ..... Ward)

File No. .....

Registered No. 3141

2. FULL NAME Charles F. Hambel.

(a) Residence, No. 3212 Shanadoh St., 17 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 W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30 - 1888

7. AGE YEARS 46 - MONTHS 8 DAYS 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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) Co. Soto Mo

FATHER

13. NAME Charles G. Hambel

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

MOTHER

15. MAIDEN NAME Bertha Bockenkamp

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

17. INFORMANT (ADDRESS) Mary Hambel 3212 Shandoh

18. BURIAL, CREMATION, OR REMOVAL PLACE Lakewood DATE April 6, 1935

19. UNDERTAKER (ADDRESS) Edw. F. Howard & Son 4212 St. Louis Ave

20. FILED APR - 5 1935 19 J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4, 1935

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 8:25 m. A.

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

Gunshot Wounds of right side of head (intercranial hemorrhage); self-inflicted at 1957 Cherokee St., April 4, 1935, at about 7:35 A. M.

Date of onset

Other contributory causes of importance:

167

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 4/4/ 1935

Where did injury occur? 1957 Cherokee St. Louis (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. store

Manner of injury Gun

Nature of injury Hemorrhages

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

If so, specify .....

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

(Address) Dep. Cor.