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

Do not use this space.

17713

1. PLACE OF DEATH

County St. Louis — Registration District No. 790 — File No.

Township ~~Central~~ — Primary Registration District No. 6033 — Registered No. 163

City Clayton (No. St. Louis County Hospital St. Ward)

2. FULL NAME Zenas Joseph Varney,

(a) Residence, No. 6167 McPherson Ave. St., 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: 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: Beatrice

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

7. AGE: YEARS 43 — MONTHS Unknown — DAYS — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Switchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Terminal R.R.
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): St. Louis Mo.

FATHER

13. NAME: Zenas Varney
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Minnesota

MOTHER

15. MAIDEN NAME: Anna Heumann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis

17. INFORMANT (ADDRESS): Mrs. Anna Varney 6167 McPherson Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary Cemetary DATE: 5/27/35, 19

19. UNDERTAKER (ADDRESS): Arthur J. Donnelly 3840 Lindell Ave.

20. FILED 5/25, 1935 Robt J. Anderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/24/1935, 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 9:30 P.m.

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

Date of onset

Felo-De-Ce, by self destruction, shot self in head with 38 caliber revolver, bullet entering right temporal and taking exit just back and little above left temporal.

Other contributory causes of importance:

Multiple fractured skull and mascerating brain.
Secondary; Shock and hemorrhage.

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? OVER 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) Lukas B. Timm, M. D. 5/24/35

(Address) 8718 Jennings Rd.

Coroner St. Louis Co., Mo.

History of being in Missouri Pacific hospital two months prior, and attempting to slash wrists while at the hospital.

Shot self at Price and Clayton road, while riding with his wife, and while on their way home from visiting son at colledge, taken to St. Louis County hospital, where he died within half hour after entering.