

AUG 6 1935

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

Do not use this space.

24265

## 1. PLACE OF DEATH

County St. Louis  
Township Meramec  
City St. Louis (No. 1417)

Registration District No. 787  
Primary Registration District No. 6032

File No. 24265  
Registered No. 24265  
St. St. Louis Ward 14

2. FULL NAME John Erick Olson

(a) Residence, No. 1417 N. Newstead St. St. Louis Ward 14  
(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) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 2, 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
37 8 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Service  
10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation 10

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

13. NAME Erick Olson  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

15. MAIDEN NAME Catherine Eagleton  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Henry Olson  
(ADDRESS) 1417 N. Newstead

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE July 24, 1935

19. UNDERTAKER Cullen & Kelly  
(ADDRESS) 1416 N. Taylor Ave.

20. FILED July 23 1935 Miss X. J. J. J.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/22/1935 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/22/1935, 1935, to 7/22/1935, 1935.

I last saw him alive on 7/22/1935, 1935. Death is saidto have occurred on the date stated above, at 7 am.

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

Felo De Ce, self destruction, by hanging self by neck, to rope from rafters in barn, out on farm at Allenton, Mo., St. Louis County, History of being ill, suffering from stomach trouble and due to despondency and illness; also being unemployed, was given as reason for this act. Date of onset

Name of operation OVER Date of 7/22/1935  
What test confirmed diagnosis? Coroner's view of no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury 7/22/1935

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.

Manner of injury suicide  
Nature of injury suicide

24. Was disease or injury in any way related to occupation of deceased? If so, specify no 7/22/1935

(Signed) John J. J. J. M. D.  
(Address) 3718 Jennings, Rd.

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.

Was employed as farm-hand three days on this particular farm when farm owner found him hanging from rafters in barn.

Secondary cause; Strangulation caused by rope noose around neck.