

SEP 18 1935

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

Do not use this space.

25682

1. PLACE OF DEATH

County Buchanan Registration District No.       
Township      Primary Registration District No.       
City St. Joseph (No. St. Joseph's Hospital) St.      Ward     

File No.       
Registered No. 901

2. FULL NAME Bruno E. Habricht

(a) Residence, No.      St.      Ward Detroit Michigan  
(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) Unknown

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
62 X X

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

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

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

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

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Police Dept Records (ADDRESS) St. Joseph Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Toledo Ohio DATE August 31, 1935

19. UNDERTAKER H. O. Sidenfaden (ADDRESS) 1802 Union St. St. Joseph Mo.

20. FILED 8-30 19 35 Jordan R. Bessler Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 29, 1935

22. I HEREBY CERTIFY, That I viewed deceased from Aug 29, 1935, to     , 19    

I last saw      alive on     , 19     Death is said

to have occurred on the date stated above, at 8:40pm.

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

strychnine poisoning (Ritual) Date of onset     

Other contributory causes of importance

Probably mentally unbalanced. Recent attempt at suicide

Name of operation none Date of     

What test confirmed diagnosis? lab test 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 8/29, 1935

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

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

Manner of injury strychnine poisoning (Ritual)

Nature of injury     

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify     

(Signed) J. Forrest Thomas Coroner, M. D.

(Address) 731 Farson

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.

