APR 11 1936

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

Do not use this space.

8680

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 8680

Township ..... Primary Registration District No. 1003 Registered No. 3413

City St Louis (No. 1801 Pine St ..... St. ..... Ward)

2. FULL NAME Amelia Layne

(a) Residence, No. unknown St., X 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: Female
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

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

7. AGE: Alt — YEARS: 30 — MONTHS: ✓ — DAYS: ✓ — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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.: unknown
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): unknown

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN

17. INFORMANT (ADDRESS): Howard H. Schultz, Coroners Office

18. BURIAL, CREMATION, OR REMOVAL
PLACE Potters Field DATE 3/27 1936

19. UNDERTAKER (ADDRESS): Teetz Bros. 3024 Lafayette

20. FILED APR 30 1936 J. F. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-20, 1936

22. I HEREBY CERTIFY, That I attended deceased from Found Dead, 19....., to ....., 19.....

I last saw h..... alive on 25, 19..... Death is said to have occurred on the date stated above, at 2 P.m.

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

	Date of onset
Strangulation due to hanging by ribbon to chafing room at Hotel self administered	

Other contributory causes of importance:

165

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 2/20, 1936
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. Hotel room
Manner of injury strangulation
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) Harold Schultz, M. D.
(Address) Dyfor

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.