

MAY 7 1936

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

Do not use this space.

17071

1. PLACE OF DEATH

County

Registration District No.

791

Township

Primary Registration District No.

1003

City

St. Louis (No. of City Hosp.)

File No.

Registered No.

3824

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

17

Ward.

(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

Ruby

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

Oct 15, 1895

7. AGE

YEARS
40MONTHS
5DAYS
22

IF LESS than 1 day, hrs. or min.

OCCUPATION

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

Machinist

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

Automobile

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.

MOTHER FATHER

13. NAME

Edward Spelttstosser

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

Austria

15. MAIDEN NAME

Anna Stodola

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

St. Louis MO.

17. INFORMANT

(ADDRESS)

Ruby Spelttstosser
3021 A Magnolia

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Valhalla Crematory April 9, 1936

19. UNDERTAKER

(ADDRESS)

Thos. Curtis
2906 Gravois ave.

20. FILED

APR 8 1936

J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Apr 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19.

I last saw him alive on , 19.

to have occurred on the date stated above, at , 19.

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

Anticipic tablet poisoning
(by exposure of mercury)
self administered at residence.

Date of onset

Other contributory causes of importance:

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

Where did injury occur? St. Louis Mo. 4/7, 1936

(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)

(Address)

, M. D.

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.

