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.

MAY 7

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

791

Do not use this space.

17733

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 4516

Township ..... Primary Registration District No. ..... Registered No. 4516

City Saint Louis (No. City Hospital #1 St. ..... Ward)

2. FULL NAME William H. Warmbrodt

(a) Residence, No. 5417 Robert Avenue St., 2 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amelia Warmbrodt (nee Lang)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 23, 1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	64	7	1	

OCCUPATION

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

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) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oakville Missouri

FATHER

13. NAME Adolph Warmbrodt

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

MOTHER

15. MAIDEN NAME Mary Noll

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

17. INFORMANT (ADDRESS) Amelia Warmbrodt 5417 Robert Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oakville, Missouri DATE April 27, 1936

19. UNDERTAKER (ADDRESS) C. Hoffmeister Und. & L. Co. 7814 So. Broadway

20. FILED APR 25 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24, 1936

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

Gunshot Wound of Ro Temple - self inflicted at residence public suff. my temporary mental

Date of onset

Other contributory causes of importance:
Abeoration
Suicide

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~~? ..... Date of injury 4/24, 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.
Home
Manner of injury Gunshot Wound
Nature of injury Suicide

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