

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.

AUG 18 1936

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

Do not use this space.
21555-6

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No. EnRoute to City Hospital) St. Ward)

File No.
Registered No. **6646**

2. FULL NAME Adolph Fischl

(a) Residence, No. 1006 Chestnut St St. 25 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

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) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 54 0 0

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

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

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) Germany

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Harold H. Schuh
Caregiver Office

18. BURIAL, CREMATION, OR REMOVAL PLACE Pattersonfield DATE 7-1-36

19. UNDERTAKER (ADDRESS) Peet Brown
3029 3rd Street

20. FULL 1 1936 19 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician in attendance
21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12th 1936

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

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 3:15 p. m.

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

Strangulation by hanging by rope from iron step on south side of Box car Frisco R.R. No. 129919 in Illinois terminal about 200 ft. north of North Market St

Other contributory causes of importance: Suicide

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Suicide Date of injury May 12, 36

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

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

Manner of injury Strangulation
Nature of injury Hanging by rope

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed) [Signature], M. D.

(Address) [Signature]

7/11/36

