JUL 27 1936

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

Do not use this space.

24107

1. PLACE OF DEATH

County St. Louis — Registration District No. 786 — File No.

Township Jefferson — Primary Registration District No. 4469 — Registered No. 51

City Maplewood (No. , 2154 Yale St. Ward)

2. FULL NAME William Harder

(a) Residence, No. 2154 Yale St., 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: 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: Bertha Harder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): About 1883

7. AGE: About 53 YEARS — 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.: Grocer
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): Kansas

FATHER

13. NAME: H. R. Harder
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER

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

17. INFORMANT (ADDRESS): Ralph S. Harder, 5836 Cabanne Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Lake Charles Cem DATE: 7/2. 1936

19. UNDERTAKER (ADDRESS): Poghan Und. Co. Inc. 7146 Manchester Ave.

20. FILED: July 10 1936 Pauline Bredenstein Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6/29/36

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 3 PM.

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

Felo De Ce. Shot self in rt. temporal with 38 revolver, bullet remaining in head, did not come through, causing destruction of base of brain and circulation.

Date of onset

Other contributory causes of importance:

Multiple fractures of base of skull and vault. Secondary; Gun-shot wound through head. Int. ext. hemorrhage and shock, caused by despondency.

Name of operation Date of

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (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 6/30/36

(Signed) Luke B. Timon, M. D.

(Address) 3718 Jennings Rd.

Coroner St. Louis Co., Mo.

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.