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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

DEC 4 1936

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

Do not use this space. 0

38882

1. PLACE OF DEATH
County St. Louis — Registration District No. 333 — File No.
Township Ferguson Town — Primary Registration District No. 4468 — Registered No. 206
City Florissant (No. Sacred Heart Cemetery St. Ward)

2. FULL NAME George J. Appleton
(a) Residence, No. 3905a Kossuth Avenue 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 Edna Mae Appleton (Starks)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 4, 1906

7. AGE — YEARS 30 — MONTHS 7 — DAYS 22 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer
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.

FATHER
13. NAME Ravy Appleton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

MOTHER
15. MAIDEN NAME Mae Owens
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal Mo

17. INFORMANT (ADDRESS) Mrs. Edna Mae Appleton 3905a Kossuth Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Friedens DATE Oct. 29, 1936

19. UNDERTAKER (ADDRESS) Math. Hermann & Son 2161 East Fair Avenue

20. FILED 10-27, 1936 W. A. Zeitler Registrar.
Per C. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) found Oct. 26, 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 3 am m.
The principal cause of death and related causes of importance were as follows:

Gunshot wounds thru head, four 38 caliber bullets penetrating rt forehead, and face, taking exit thru posterior skull. Multiply fracturing skull and mascerating brain.

Date of onset

Other contributory causes of importance:
Sec; Gun shot wounds thru head, hemorrhage and shock.

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 .....
(Signed) Luke B. Tiernan 10/27/36 M. D.
(Address) 3718 Jennings St.
Coroner St. Louis Co. Mo

Jury Verdict: - as homicide
by a person or persons unknown