

JAN 10 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

43307

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **Saint Louis, Missouri** (No. **1313 St., Louis, Ave.**) St. (Ward)

File No.
Registered No. **11913**

2. FULL NAME **Arthur L. Hoback,**

(s) Residence, No. **1313 St. Louis, Ave.** St. **26** 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 **Ethyl Lee Hoback**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 3rd, 1885.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 1 23

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

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) **Arkansas**

13. NAME **W. D. Hoback**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Ethyl Lee Hoback** (ADDRESS) **1313 St. Louis Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Matthews Cem.** DATE **December 4th, 36**

19. UNDERTAKER **Giesenher Bros.** (ADDRESS) **2623 Cherokee Street.**

20. FILED **DEC 3 1936** **J. Bredeck** Registrar.

11. MEDICAL CERTIFICATE OF DEATH
Physician in Attendance
21. DATE OF DEATH (MONTH, DAY, AND YEAR) **November 26th., 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 **2:00 P.M.**

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

Gunshot Wounds of Left Chest self inflicted while suffering temporary mental derangement.

Other contributory causes of importance:

167 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? **suicide** Date of injury **11/26, 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.

Manner of injury **Gunshot Wounds of Chest**
Nature of injury **suicide**

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

(Signed) **Nancy N. Schulz**, M. D.

(Address) **Deputy Coroner**

12/4/36

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

