

FEB 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City St. Louis, Mo. (No. City Hospital #1) St. 9 Ward 1
File No. 3054
Registered No. 40

2. FULL NAME

Elsie Neumann,
(a) Residence, No. 4604 Carrie Ave., St. 9 Ward 1
(Usual place of abode) (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Fred J. Neumann</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 27th, 1902</u>				
7. AGE YEARS <u>34</u>	MONTHS <u>3</u>	DAYS <u>4</u>	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>				
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>280</u>				
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) <u>East St. Louis, Ill</u>				
MOTHER				
13. NAME <u>Fred W. Schubert</u>				
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>U.S.</u>				
15. MAIDEN NAME <u>Ida Keller</u>				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>				
17. INFORMANT <u>Fred J. Neumann</u> (ADDRESS) <u>4604 Carrie Ave.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Grove,</u> DATE <u>Jan. 4th 1937</u>				
19. UNDERTAKER (ADDRESS) <u>Mauseleum N.Y. Leidner M. Co. 1417 N. Market St.</u>				
20. FILED <u>2</u> 1937 <u>Jan 2</u> 1937				

No Medical Certificate of Death

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/1, 1937

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 12:45 P.M.
The principal cause of death and related causes of importance were as follows:
Gun shot wound
Self inflicted at Fox Theatre
Other contributory causes of importance:
167

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 1/1, 1937
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. Public Place

Manner of injury.....
Nature of injury..... See above

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) Alfred Perry M.D.
(Address) Deputy Coroner

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.

Carroll

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
WASHINGTON, D. C. 20250

OFFICE OF THE ASSISTANT ATTORNEY GENERAL
WASHINGTON, D. C. 20540

TO: [Illegible]

FROM: [Illegible]

SUBJECT: [Illegible]

[The remainder of the page contains several paragraphs of extremely faint, illegible text, likely a memorandum or official correspondence.]