

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.

MAR 5-1937

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. **1008**  
 City St. Louis (No. City Hosp No.) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Walter Lave Shinkle  
 (a) Residence, No. 3715 Olive St. 19 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 8372  
 Registered No. 1823

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 29, 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Decorator

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

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) Marshall Mo

13. NAME John Shinkle

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) Harry Long  
3715 Olive

18. BURIAL, CREMATION, OR REMOVAL PLACE Marshall Mo DATE Feb 10, 1937

19. UNDERTAKER (ADDRESS) Walter Bros  
4359 Griggs

20. FEE 11.00 J. Bredeck Registrar.

No Attending Physician  
 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9, 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 7:30 m.  
 The principal cause of death and related causes of importance were as follows:  
Carbonic Acid poisoning (self administered) at 3715 Olive Street, Feb. 9, 1937 about 7:30 PM.  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
31 Suicide 163

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? suicide Date of injury Feb 9, 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.  
Hotel used as residence.  
 Manner of injury See above  
 Nature of injury \_\_\_\_\_

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

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