

APR 9 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** (No. **City Hospital**) St. Ward)

10805

File No.
Registered No. **3379**2. FULL NAME **Thomas Lorton Offill**

(a) Residence, No. **4045 Russell Blvd.** St. **17** 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) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June, 17-1920.**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
16 9 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **High School**
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) **St. Louis, Mo.**13. NAME **Raymond Offill**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**15. MAIDEN NAME **Wilma Meffert**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**17. INFORMANT **Wilma Meffert**
(ADDRESS) **4045 Russell Blvd.**18. BURIAL, CREMATION, OR REMOVAL PLACE **Sunset B. Park** DATE **Mar. 30th. 1937**19. UNDERTAKER **Wacker-Helderle**
(ADDRESS) **2331 S. Broadway**20. FILED **MAR 27 1937**
J. Bredeck Registrar.*No Physician in Attendance*21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar. 26th. 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 **5.15 P.M.**

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

Date of onset

Gun Shot Wound in Neck, Septic Pneumonia caused by bullet fired from gun in the hands of one Guy Riffard, during a playful scuffle at 11617 Tower Brook Ave about 3.49 P.M. March 11-1937

Other contributory causes of importance:

Name of operation..... Date of.....

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

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

Accident, suicide, or homicide: *Accident* Date of injury **3/11/37**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 *See Above*

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify

(Signed) *Joseph M. Juvenal*(Address) *Regent Polmar*

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.

