

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

36058
Do not use this space.

1. PLACE OF DEATH **NOV 15 1937**
 (a) County **NOV 15 1937** Registration District No. **791**
 (b) Township **ST LOUIS MO** Primary Registration District No. **1008** Registered No. **9635**
 (c) City **ST LOUIS MO** (d) Street No. **AT City Hospital #1** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred **35** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **ADOLPH HAPPI**
 (a) Residence, No. **1602^B MARKET ST.** St. **27** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 **PEARL DOBYNS HAPPI**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **— 1876**
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
abt. 61
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **BAGGAGE DEPT.**
 9. Industry or business in which work was done, as saw mill, bank, etc. **TERMINAL RAILROAD.**
 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) **unknown**

FATHER 13. NAME **HERMAN HAPPI**

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

MOTHER 15. MAIDEN NAME **UNKNOWN**

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

17. INFORMANT (ADDRESS) **RAYMOND DEAN**
1420 MONTGOMERY ST.

18. BURIAL, CREMATION, OR REMOVAL PLACE **MEMORIAL PARK** DATE **10-16 1937**

19. FUNERAL DIRECTOR (ADDRESS) **MULLEN BROS.**
4259 LINDELL BLVD.

20. **NOV 16 1937** 19 **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10/8/37** 19

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 **10:30 P.M.**

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

Phenol Poison, self administered in his room at 1603A Market St., on October 8, 1937 (Time, and manner of same could not be ascertained.)

Other contributory causes of importance:

Name of operation **163** 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 **10/8/1937**
 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.
1603a Market St.

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) **Alfred J. 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.

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STATEMENT BY LICENSED EMBALMER

I, Thos R Fenwick, Licensed Embalmer No. 3793

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself
L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Thos R Fenwick
Licensed Embalmer No. 3793

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)