REC'D JUN 20 1938

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

18611
Do not use this space.

3
1

1. PLACE OF DEATH

(a) County Jefferson — Registration District No. 420

(b) Township Valle — Primary Registration District No. 5574 — Registered No. 36

(c) City De Soto — (d) Street No. ..... 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 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Guido Max Thost. 230

(a) Residence, No. Wheeland Rd St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: Anna Yann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 7-1866

7. AGE: YEARS 71 — MONTHS 6 — DAYS 24 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.: Florist
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): Zwickau Germany

FATHER
13. NAME: not known 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " 9

MOTHER
15. MAIDEN NAME: " 9
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): "

17. INFORMANT (ADDRESS): Mrs Anna Thost De Soto - Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Woodlawn DATE June 3 1938

19. FUNERAL DIRECTOR (ADDRESS): Motherhead De Soto No.

20. FILED 6/10 1938 Geneva Donnell
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31 1938

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

By holding inquest on May 31-1938. Verdict of jury was suicide by shooting himself with 32-calibre rifle

Date of onset

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 May 31, 1938
Where did injury occur? City of De Soto (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In Florist Shop
Manner of injury Suicide
Nature of injury Bullet hole through temple

24. ~~Was disease or injury in any way related to occupation of deceased?~~
~~If so, specify~~
(Signed) Frank Frazier Coroner M.D.
(Address) Festus, Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

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

.....L. E.....

No.....or by.....; Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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