

REC'D JUN 12 1939

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

17293  
Do not use this space.

4827

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 3  
(b) Township 1 Primary Registration District No. 1  
(c) City St. Louis (d) Street No. 213 Market St. Registered No. 4827  
(e) Length of residence in city or town where death occurred 2600 yrs. mos. ds. (f) How long in U. S. Af of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 213 Market 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS 71 MONTHS 4 DAYS 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None  
9. Industry or business in which work was done, as 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) Germany

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 11 6

15. MAIDEN NAME 11 9

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 11 9

17. INFORMANT (ADDRESS) Lenard Forsberg, P.O. 6415 Waveland

18. BURIAL, CREMATION, OR REMOVAL PLACE Wicksville, Mo DATE May 28 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John Michael Dred

20. FILED MAY 27 1939 J. B. Biedeck Local Registrar.

No medical certificate required

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/18 1939

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 \_\_\_\_\_ a.m.

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

Strangulation due to hanging by rope from the window in a room at 213 Market on 5/18/39 at about 10:35 p.m.

Other contributory causes of importance: room at 213 Market on 5/18/39 at about 10:35 p.m.

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 \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? NO  
If so, specify \_\_\_\_\_

(Signed) Joseph M. Quinn, M.D. (Address) Deputy Coroner

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

1 X1605

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

*Raymond E. Burke*, Registered Apprentice No. ....  
working under my personal supervision.

Signed *Raymond E. Burke*

Licensed Embalmer No. *3985*

P. O. Address *City Linwood #99 St Louis, Mo*

**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.)**

**If this body is not embalmed, above space should be left blank.**