

WRITE IN PLAIN INK—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
NOV 13 1939

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

34165  
8703  
State File No. 8708003  
Registrar's No.

Registration District No. 291 Primary Registration District No. Registrar's No.

1. PLACE OF DEATH: 1003  
(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 6519 Minnesota  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

8. (a) PRINT FULL NAME Clarence Severin  
8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Mar. 28, 1907  
(Month) (Day) (Year)

8. AGE: Years 32 Months 6 Days 11 If less than one day hr. min.

9. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Chauffeur

11. Industry or business Unemployed Type

12. Name Otto Severin

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name Frances Jenner

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Otto Severin  
(b) Address 6519 Minnesota

17. (a) Burial (b) Date thereof 10-12-39  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation N. 55. Peter + Paul

18. (a) Signature of funeral director Southern Lumber Co  
(b) Address 6322 Grand  
19. (a) OCT 21 1939 (b) \_\_\_\_\_  
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County \_\_\_\_\_  
(c) City or town St. Louis 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6519 Minnesota  
(If rural, give location)  
**NO PHYSICIAN IN ATTENDANCE**  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct. day 9th  
year 1939 hour 9:30 minute a M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

Shot gun wound in the chest; self inflicted at his home 6519 Minnesota Avenue, on October 9th, 1939, at about 11:25 A.M., while suffering from temporary mental aberration;

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings of operation \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) suicide  
(b) Date of occurrence October 9th, 1939  
(c) Where did injury occur? St. Louis, Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Home

While at work? No (Specify type of place) Means of injury Gun  
23. Signature Alfred Perry (M. D. or other) \_\_\_\_\_  
Address St. Louis Date signed 10.11.39

~~Coroner~~

**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~~ ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Virgil L. Berryman  
Licensed Embalmer No. 4018  
P. O. Address 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.**