S. No. 2
1—1-4-41
. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32968

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7920

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(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: Paul Brown Bldg. 1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

(c) City or town Wellston N.R 8
(If outside city or town limits, write "RURAL")

(d) Street No. L611 Ludwig A ve.,
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Thomas A. Audrain.

3. (b) If veteran, name war "No.

3. (c) Social Security 492-05-1742

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 0

6. (b) Name of husband or wife Juanita Audrain

6. (c) Age of husband or wife if alive 18 years

7. Birth date of deceased Nov. 24, 1919.
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
21	10	9	hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Guard (Govermant)

11. Industry or business St. L. Ordaince Plant

FATHER
12. Name Thomas A. Audrain Sr.
13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Revia
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Juanita Audrain
(b) Address 1611 Ludwig Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 6/41.
(Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.,

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,

19. (a) OCT 3 1941 (Date received local registrar) (b) J. F. Boedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2
year 1941 hour 4,30 minute A.M. M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw h alive on ; 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Internal hemorrhage from gunshot wound of chest & left lung. self inflicted

Due to with a revolver in room #1132 Paul Brown Bldg

Due to about 4:25 A.M October 2nd, 1941

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operation
Of autopsy

Duration

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 Oct 2, 1941

(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 Industrial place
(Specify type of place)

While at work? (e) Means of injury

23. Signature Thomas H. Callan (M.D. or other)

Address Deputy Coroner Date signed 10/2/41

(Licensed Embalmer's Statement on Reverse Side)

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 Guy W. Wilkinson

Licensed Embalmer No. 3575

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, fact should be so stated above.