

FILED DEC 10 1942

Registration District No. 3052

Primary Registration District No. 3052

Registrar's No. 426

1. PLACE OF DEATH:

(a) County.....  
 (b) City or town St. Charles  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
211 Houston Street /  
(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 Missouri (b) County St. Charles  
 (c) City or town St. Charles  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 211 Houston Street  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME Frank Towers  
 3. (b) If veteran, name war None 3. (c) Social Security No. 498-18-8160

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 28th  
 year 1942 hour 1 minute 1 M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Irene Dingleline 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased May 21, 1883  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from.....  
Coroners Inquest  
 that I last saw h..... alive on.....  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
59 6 7 ..hr. ....min.

Immediate cause of death.....  
Poisoning due to  
 Due to drinking of  
 Due to Potassium Cyanide

9. Birthplace St. Charles County, Missouri  
(City, town, or county) (State or foreign country)

Other conditions.....  
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations None  
 Of autopsy None

10. Usual occupation Painter

11. Industry or business.....

MOTHER FATHER { 12. Name Roger Towers  
 13. Birthplace St. Charles County, Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Lavy Maddox  
 15. Birthplace Virginia  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) suicide  
 (b) Date of occurrence Nov 28, 1942  
 (c) Where did injury occur? St. Charles Mo.  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
in his home  
 While at work? No (Specify type of place) Potassium Cyanide  
 Means of injury poison

16. (a) Informant Frank Towers  
 (b) Address 802 Monroe, St. Charles, Mo.

17. (a) Burial (b) Date thereof Nov. 30, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director William Baum  
 (b) Address 326 N. 6th St. Charles Mo

19. (a) 11-29-42 (b) Clarence G. Wesseler  
(Date received local registrar) (Registrar's signature)

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

23. Signature Alfred Schuch MD (M. D. or other)  
 Address St. Charles Mo. Date signed 11/29/42

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

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**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 *Arthur J. True*.....

Licensed Embalmer No. *3141*.....

P. O. Address *St Charles 7118*.....

**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.**