V. S. No. 2
OM—9-4-41
ev. 5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22400

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1510

96
0
0

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

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town CREVE COEUR
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MARINE AVE. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 1 MONTH
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS 96 0
(c) City or town CREVE COEUR 0
(If outside city or town limits, write "RURAL")
(d) Street No. MARINE AVE.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME EURA C. HIGGS

3. (b) If veteran, name war NONE

3. (c) Social Security No. 720-12-4036

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife PAULINE

6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased DEC. (Month) 7 (Day) 1919 (Year)

8. AGE: Years 23 Months 6 Days 21 If less than one day ..... hr. ..... min.

9. Birthplace DONIPHON (City, town, or county) MO. 0 (State or foreign country)

10. Usual occupation SHEET-METAL-WORKER

11. Industry or business

FATHER
12. Name JAMES HIGGS
13. Birthplace BROWNSVILLE (City, town, or county) KY. / (State or foreign country)

MOTHER
14. Maiden name EFFIE DEEM
15. Birthplace CARMYLE (City, town, or county) ILL / (State or foreign country)

16. (a) Informant PAULINE HIGGS
(b) Address CREVE COEUR, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-1-43 (Month) (Day) (Year)
(c) Place: burial or cremation LAURELL-HILL-GARDEN

18. (a) Signature of funeral director Baumann Bros Inc
(b) Address 2504-Woodson Overland, Mo.

19. (a) JUL 2 1943 (Date received local registrar) (b) C. J. McDaniel MD. (Registrar's signature) A.K.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1943 hour 2:28 minute A 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 Self-inflicted gun-shot wound.

Due to Gun-shot wound right chest; Laceration of lung; Multiple

Due to fractures of ribs.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 16.4c
Of autopsy Yes.

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 June 28, 1943
(c) Where did injury occur? Creve Coeur, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Own home (Specify type of place)
While at work? ..... (e) Means of injury 3

23. Signature Louis H Boff Coroner (M. D. or other)
Address Kirkwood, Mo. 6-28-43 Date signed

(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 W. G. Peterson

Licensed Embalmer No. #3767

P. O. Address Overland 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.