

JUN 12 1937

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

Do not use this space.

1. PLACE OF DEATH

County *St. Louis Mo*

Registration District No. *791*

Township *St. Louis Mo*

Primary Registration District No. *1003*

City *St. Louis Mo* (No. *City*, *Abert #1*)

File No. *18540*

Registered No. *5116*

2. FULL NAME

(a) Residence, No. *1204 So 14* St., *22* Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Edith Ashlock*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 24, 1903*

7. AGE YEARS *33* MONTHS *4* DAYS *25* If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Labor*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Foundry Co*  
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) *Annapolis Mo*

13. NAME *Robert Lewis*

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) *Missouri*

15. MAIDEN NAME *Laura Hill*

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) *Missouri*

17. INFORMANT (ADDRESS) *Mrs Edith Lewis*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Annapolis Mo* DATE *May 23, 1937*

19. UNDERTAKER (ADDRESS) *Waller Bros*

20. *MAY 21 1937* *St. Bridget* Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5/20/1937*

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 *12:30 AM*.

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

*Gun shot wound of right side of head, self inflicted at 336 Christian Ave about 10:35 P.M., 5/19/37 (while suffering from temporary mental aberration)*

Other contributory causes of importance: *167*

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 *5/19/1937*

Where did injury occur? *St. Louis Mo* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. *336 Christian Ave*

Manner of injury.....  
Nature of injury..... *See Above*

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify.....

(Signed) *Alfred Perry M.D.*

(Address) *Deputy Coroner*

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.

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