

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

Do not use this space **6905**

**1. PLACE OF DEATH**

County..... Registration District No.....  
 Township..... Primary Registration District No.....  
 City St. Louis (No. Forest Park) St. 12 Ward)

File No.....  
 Registered No. 1869

**2. FULL NAME**

Unknown White Man  
 (a) Residence. No. Unknown St. 12 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
abt 30 | - | - | ✓

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Unknown  
 (b) General nature of industry, business, or establishment in which employed (or employer).....  
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY)

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY)

14. INFORMANT Mr. Driver  
 (Address) Coroner's Office

15. FILED 26 1928 Max B. Starkeoff  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-12-28 19

17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....  
 that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at..... m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Asphyxiation  
Hanging by Straps  
 (duration)..... yrs. mos. da.  
**CONTRIBUTORY** Strife  
 (SECONDARY) (duration)..... yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 168  
 IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....  
 WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) Mr. Driver M.D.  
720, 1928 (Address) 194 Coroner

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Potters Field DATE OF BURIAL 2/21 1928

20. UNDERTAKER Southern ADDRESS 7315 S. B. Hwy

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.

