WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

OCT 11 1934

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

Do not use this space.

791

34045

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 34045

Township ..... Primary Registration District No. ..... Registered No. 8778

City St Louis (No. New Picker Cem St. ..... Ward)

2. FULL NAME John J Haefling (HAEFLING)

(a) Residence, No. 4984 Blow St., 2 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

3. SEX M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Etta

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep 17 - 1871

7. AGE YEARS 62 MONTHS 11 DAYS 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

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) St Louis Mo

FATHER

13. NAME Francis Hoefling

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Know

17. INFORMANT (ADDRESS) Mrs Etta L Hoefling 4984 Blow St

18. BURIAL, CREMATION, OR REMOVAL PLACE New Picker DATE Sep 3 1934

19. UNDERTAKER (ADDRESS) John L Zeguinhem & Sons 7027 Gravois Ave

20. FILED Sep 1 1934 19 Jos. F. Bredeck Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1st, 1934

22. I HEREBY CERTIFY, That I attended deceased from No Physician in attendance ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1:15 a.m. 1:10 AM.

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

Haem, following gunshot wound of abdomen self inflicted at New Picker Cemetery

Date of onset

Other contributory causes of importance:

1000

Suicide

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 8/31/1934

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. Public Place

Manner of injury Gun

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify .....

(Signed) John J. Sweeney, ~~M.D.~~

(Address) Sept. 1, 1934 Deputy Coroner