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.

JAN 13 1936

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

Do not use this space.

41820

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 41820

Township ..... Primary Registration District No. ..... Registered No. 11069

City St. Louis (No. City Hosp. St. ..... Ward)

2. FULL NAME Myrtle Eleanor Alt.

(a) Residence, No. 2218 S. 18th St., 23 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 female | 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 Julius Alt.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 10 1889

7. AGE 35 | YEARS 46 | MONTHS 4 | DAYS 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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 Michael Travenek.

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

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT (ADDRESS) Julius Alt 2218 S. 18th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Bur Pk. DATE 12-30 1935

19. UNDERTAKER (ADDRESS) Witt Bro. L & U Co. 2929 S. Jefferson Av.

20. FILED DEC 29 1935 19 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 27th, 1935

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 6 p.m.

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

Sodium Fluoride Poisoning self administered at residence about 5:00 P.M., Dec. 27th 1935, while suffering temporary mental aberration.

Date of onset

Other contributory causes of importance:

SUICIDE.

163

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?~~ Date of injury 12/27, 1935

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

Specify whether injury occurred in industry, in home, or in public place. Home.

Manner of injury Sodium Fluoride Poisoning.

Nature of injury Suicide.

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

If so, specify .....

(Signed) Harold [illegible], M. D.

(Address) Dep. Cor.