

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

Do not use this space.

FEB 11 1936

42006

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis

Registration District No. 791
Primary Registration District No. 1003

File No. _____
Registered No. 304
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1318 S. Wharf St. 23 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. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Adult 61 ✓ ✓

OCCUPATION
8. Trade, profession, or particular kind of work done, as plumber, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed
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) Unknown

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Paul A. Schuck, Coroner Office

18. BURIAL, CREMATION, OR REMOVAL PLACE Peters Field DATE 1/9 1936

19. UNDERTAKER (ADDRESS) Peters Bros. 3029 Lafayette

20. FILED 9 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

Dr. W. J. Sweeney in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/29 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw h. _____ alive on _____, 19____, to _____, 19____. Death is said to have occurred on the date stated above, at 12:20 P.M.
The principal cause of death and related causes of importance were as follows:

Strangulation due to hanging for ropes to raft in residence 1/29/36
Other contributory causes of importance: 165 Suicide

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicide Date of injury 1/29 1936
Where did injury occur? St. Louis
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Strangulation
Nature of injury Strangulation

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) W. J. Sweeney, M.D.
(Address) St. Louis, Mo.

117736

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

MADE IN RESERVE FOR BINDING

V. NO. 2
100M. 3-28-35

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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