

WRITE PLAINLY WITH FORWARDING 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.

MAY 7 1937

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

Do not use this space.

11254

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City *St. Louis Mo* No. *City Hosp #1* St. ..... Ward) **23**

File No. ....  
Registered No. **3750**  
St. .... Ward)

2. FULL NAME

(a) Residence, No. *1721 S. 10th St.* St. **23** Ward. (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

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 *Unknown*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Apr 2 1871*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.  
*31 65 11 12*

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. *common*

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) *Hungary*

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 *City Hosp #1* (ADDRESS) *Medical Dept*

18. BURIAL, CREMATION, OR REMOVAL PLACE *removed to Oak Eng. Apr 2 1937*

19. UNDERTAKER (ADDRESS) *Stableman Bros 4237 S. Olive Blvd*

20. SIGNED *J. Bredeck* Registrar.

APR 7 1937

MEDICAL CERTIFICATE OF DEATH

*No Attending Physician*  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar 14 1937*

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw him alive on ..... 19..... Death is said to have occurred on the date stated above, at *5:30 P.M.*

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

*Arterial Poisoning self administered at residence on Mar. 12, 1937 about 10:00 P.M.*  
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? *Suicide* Date of injury *Mar 12 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.

Manner of injury *See above*  
Nature of injury *See above*

24. Was disease or injury in any way related to occupation of deceased? If so, specify *Alfred Perry, M.D.* (Signed) *Deputy Coroner* (Address)

