

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 12 1938

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

335  
 Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No.....  
 (b) Township..... Primary Registration District No.....  
 (c) City St Louis (d) Street No. 3645 Dodier Registered No. 191  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Francus Wisner  
 (a) Residence, No. 3645 Dodier St. 10  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN 4 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
51 11 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. BARBER  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) JAN 4 1937 11. Total time (years) spent in this occupation 10YK

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co ARKANSAS  
 13. NAME FRANK WISNER  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TRMN

MOTHER 15. MAIDEN NAME Josephine Kelly  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ARK

17. INFORMANT (ADDRESS) ALONZO HANKINS  
ALONZO OXLEY

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood ART DATE JAN 6 1938

19. FUNERAL DIRECTOR (ADDRESS) Mullen Bro  
4259 Linden Blvd

20. FILED JAN 8 1938 J. J. Bredeck  
 Local Registrar.

NO PHYSICIAN IN ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/2/38 19

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 7:50 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Gun shot wound in the right side of head, self inflicted in the basement of his home 3645 Dodier St., on January 2, 1938, at about 7:50 A.M. Date of onset

Other contributory causes of importance: WM

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 1/2/38  
 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.  
In Home

Manner of injury..... See Above.  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No.  
 If so, specify.....  
 (Signed) Alfred J. Kelly M.D.  
 (Address) 1425 E. 11th St.

STATEMENT BY LICENSED EMBALMER

I, Tom Rogers, Licensed Embalmer No. 3905  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself  
L. E.  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.  
Signed Tom Rogers  
Licensed Embalmer No. 3905

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)