

REC'D SEP 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS 791
CERTIFICATE OF DEATH

27308

Do not use this space.

7322

1. PLACE OF DEATH

- (a) County 1 Registration District No. 1008
 (b) Township Primary Registration District No.
 (c) City (d) Street No. ENROUTE TO CITY HOSP. #1 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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

- (a) Residence, No. CHARLES DELANGE (or) DELASSEY - 452-4121 St. 25
 (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 MALE
 4. COLOR OR RACE WHITE
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) UNKNOWN
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) UNKNOWN
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. ABT. 60
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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)
 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN 9
 13. NAME UNKNOWN 9
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " 9
 15. MAIDEN NAME UNKNOWN
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MODIFICATION IN ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/10/38 19
 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 8:55 A.M.
 The principal cause of death and related causes of importance were as follows:

Gun shot wound, self inflicted behind right ear, in Room 316 Maryland Hotel, about 8:55 A.M. August 10th, 1938

Date of onset

Other contributory causes of importance:

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 8/10/1938
 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 Public Place

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. Perry M.D.
 (Address) Deputy Coroner

17. INFORMANT (ADDRESS) Police Record Parents.
 18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK DATE Aug 18 1938
 19. FUNERAL DIRECTOR BEN SISK - N. PHAUS (ADDRESS) 1132 North 25th St.
 20. FILED AUG 18 1938 J.D. Brubaker Local Registrar

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed *Larry M. White*

Licensed Embalmer No. *3972*

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