

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.

SEP 13 1938

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

33289
 Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township Normandy Primary Registration District No. 201
 (c) City Overland (d) Street No. 9408 Milton 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 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henry Ring
 (a) Residence, No. 9408 Milton St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 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) June 25-1899

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
39	2	16	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cleaner-Dyer
 9. Industry or business in which work was done, as saw mill, bank, etc. Self
 10. Date deceased last worked at this occupation (month and year) 9/10 11. Total time (years) spent in this occupation 12 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER 13. NAME Michael Ring
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

MOTHER 15. MAIDEN NAME Margaret Fuzner
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Michael Ring
9603 Baltimore Overland, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Galvary Cem. DATE 9-14-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Baumann Bros. Inc
2504 Woodson Rd Overland, Mo.

20. FILED SEP 13 1938 J. R. Meyer, M. D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11, 1938

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 ? PM m(?)
 The principal cause of death and related causes of importance were as follows:

<u>Suicide by firearms</u> <u>(revolver)</u>	Date of onset <u>9/11/38</u>
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Other contributory causes of importance: 16
Gunshot wound of the head. 9/11/38
(thru and thru)

Name of operation..... Date of.....
 What test confirmed diagnosis Physical signs 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 9/11/38
 Where did injury occur? Home Overland, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Suicide by revolver
 Nature of injury G/S wound of head.

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify.....
 (Signed) John O. Knell M. D.
 Coroner of St. Louis County, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Oscar J. Mueller

Licensed Embalmer No. _____

3039

P. O. Address _____

Overland Mo

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.)

*If this body is not embalmed, above space should be left blank.