

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

Do not use this space.

25920

1. PLACE OF DEATH

County..... Registration District No. **701**
 Township..... Original Registration District No. **1003**
 City **St. Louis**, (No. **City Hospital**)

File No.....
 Registered No. **7536**
 St. Ward)

2. FULL NAME

(a) Residence. No. **5806 Lillian Ave.**, 7 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **White** 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) **Aug. 25 1907**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	24	11	28	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work **Labor**
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Indiana**
 (STATE OR COUNTRY)

10. NAME OF FATHER **William Raso**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Don't know**
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Don't know**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Don't know**
 (STATE OR COUNTRY)

14. INFORMANT **Plyde Barton**
 (Address) **5806 Lillian Ave**

15. FILED **Aug 23 1927** **mar. b. Starckoff**
 REGISTAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Aug. 22, 1927**
 17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19..... that I last saw him alive on 19....., and that death occurred, on the date stated above, at **7:15** A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock & Burns following an explosion & fire at Burning Building
 (duration) yrs. mos. ds.
Accident
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **178**
 (duration) yrs. mos. ds.
 18. WHERE WAS DISEASE CONTACTED
 IF NOT AT PLACE OF DEATH? **8**
 DID AN OPERATION PRECEDE DEATH? DATE OF
 WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) **G. S. Vets**, M. D.
8/23, 1927 (Address) **Corner ..**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Mountain Grove, Mo** DATE OF BURIAL **Aug. 23 1927**

20. UNDERTAKER **Jos. W. Clark** ADDRESS **1125**

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.

