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

Do not use this space 3074

**1. PLACE OF DEATH**

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 687

City St Louis (No. City Hospital St. ..... Ward)

13833

**2. FULL NAME** John Ray

(a) Residence. No. 1573 St., 25 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1½ 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 22 - 1854

7. AGE: Years 73 | Months 1 | Days 27 | If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Store Clerk 47A 108
(b) General nature of industry, business, or establishment in which employed (or employer): 93C
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Hampshire

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Hospital Information

14. INFORMANT: C Rowan
(Address) City Hospital

15. FILED 1928, 19.. Max C. Starkloff REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 18 1928

17. I HEREBY CERTIFY, That I attended deceased from June 9, 1928, to June 18, 1928 that I last saw him alive on June 18, 1928, and that death occurred, on the date stated above, at 10:25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
(1) Chronic Myocarditis
(2) Hypostatic (Lobar Pneumonia)
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Carcinoma of Larynx — Malignant — (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 49
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? 81
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Rauber M. Smith M.D
1/18, 1928 (Address) City Hospital

*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: St. Mathews Cem. DATE OF BURIAL: Jan 20 1928

20. UNDERTAKER: A. Ellis ADDRESS: 5240 Delmar. Bl

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.

PLEASE UNPADING INK—THIS IS A PERMANENT RECORD

Clay.