

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

Do not use this space.

18497

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis, #5037 Lotus Ave.

File No.....
Registered No. 4845
St..... Ward.....

2. FULL NAME

Raymond Ernest Tricker
(a) Residence No. #5037 Lotus Ave. St. 6 (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

2. 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) Aug. 17th, 1899

7. AGE	YEARS	MONTHS	DAYS	IF LESS than I day, _____ hrs. or _____ min.
	28.	8.	14.	

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

9. BIRTHPLACE (CITY OR TOWN) Spencerberg.
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Ernest E. Tricker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Salisbury
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Ella Fitzgerald

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Greenwood
(STATE OR COUNTRY) Nebraska

14. INFORMANT E. E. Tricker
(Address) #5037 Lotus Ave.

15. FILED May 2, 1928
Wm C Starkley
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 1st, 1928

17. I HEREBY CERTIFY That I attended deceased from April 16 1928, to May 1, 1928 that I last saw alive on April 30, 1928, and that death occurred, on the date stated above, at 5:45 P m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
1. Encephalitis
2. Influenza
(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. mos. 24 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at place of death

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) Wm Nelson M. D.

(Address) 1483 Union Blvd.

*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 Laurel Hill Cem DATE OF BURIAL 5-4-1928

20. UNDERTAKER Le R. Shupton ADDRESS #4499 Olive Street.

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.

#1483 Union.
after 3. P.M.