

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

Do not use this space.

22361

1. PLACE OF DEATH

County.....

Registration District No. 701

File No.

Township.....

Primary Registration District No. 008

Registered No. 6550

City St. Louis Mo. (No. 1315²)

Montgomery St St. Ward)

2. FULL NAME

Frank L. Raymond

(a) Residence. No. 1315² Montgomery St. 26 Ward.

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 16 - 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
58 | 10 | 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Elevator Operator
(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 Don't know

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 Sora Raymond
(Address) 1315² Montgomery St

15. FILED 1315² Mar C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 20 19 28

17. I HEREBY CERTIFY, That I attended deceased from 6/8 1928, to 6/20 1928, and that I last saw him alive on 6/20 1928, and that death occurred, on the date stated above, at 1:30 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of Stomach

440 (duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H.R. Longell, M. D.

, 19 (Address) 1141 Pine St

*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 Valkalla Crematory DATE OF BURIAL June 23 19 28

20. UNDERTAKER My Leidner and Co. 16 Market St ADDRESS 1417

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.

