

MAY 20 1930

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

Do not use this space.

13924

1. PLACE OF DEATH

County St. Louis

Registration District No. 1123

Township JARONDELET

Primary Registration District No. 6248 F

City (No. 9920 Park Ave)

File No. ....

Registered No. 115

St. .... Ward)

2. FULL NAME

Raymond C Wahl Jr.

(a) Residence. No. 9920 Park Ave St. .... 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

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)

May 15 1925

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, .... hrs. or .... min.

4

1

28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Mil

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

Raymond Wahl

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

Elfrieda Wahlman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

Missouri

14.

INFORMANT.....

Raymond Wahl

(Address)

9920 Park Ave

15.

FILED 4/13, 1930

St. Louis, Mo.  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 13 1930

17. I HEREBY CERTIFY, That I attended deceased from April 9<sup>th</sup>, 1930, to April 12<sup>th</sup>, 1930, and that I last saw him alive on April 12<sup>th</sup>, 1930, and that death occurred, on the date stated above, at 5:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Diphtheria

10  
950

(duration) .... yrs. .... mos. 6 .. ds.

CONTRIBUTORY (SECONDARY)

heart stroke

(duration) .... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

18 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) Dr. Robert Brundage M. D.

April 12 1930 (Address) 1012 Seyer Ave

\*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

Concordia

DATE OF BURIAL

Apr. 15 1930

20. UNDERTAKER

Wacker Heldele 2331 So Broadway

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

