

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.

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **701**
Primary Registration District No. **1005**
.....
.....
.....

File No. **39153**
Registered No. **11327**
St. Ward)

2. FULL NAME

(a) Residence, No. **3834 Louisiana** St., **16** Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Rosa Raidt</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Oct. 7 1861</i>		
7. AGE	YEARS <i>70</i>	MONTHS <i>-1</i>
	DAYS <i>23</i>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <i>Machine operator</i>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Century Elec. Co</i>
	10. Date deceased last worked at this occupation (month and year) <i>Nov. 1 1931</i>
	11. Total time (years) spent in this occupation <i>16 yrs.</i>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Louisville Ky.

13. NAME
Joseph Raidt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Germany

15. MAIDEN NAME
Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Germany

17. INFORMANT (ADDRESS)
Peter J. Raidt 4022 S. Bumberger

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE
S.S. Peter-Cayl. Nov 11 1931

19. UNDERTAKER (ADDRESS)
W. Schumacher 2013 Exchange

20. FILED
Nov 10 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 9 1931*

22. I HEREBY CERTIFY, That I attended deceased from *Nov. 6 1931* to *Nov. 9 1931*

I last saw him alive on *Nov. 8 1931* Death is said to have occurred on the date stated above, at *2:45* a.m.

The principal cause of death and related causes of importance were as follows:

Exhaustion
Arcane of Face
450
52 (Left side lung) 16 1/2
Other contributory causes of importance: Exhaustion 450

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(signed) *W. Schumacher*, M. D.
(Address) *3605 Chestnut St.*

3600 S Grand

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