

**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. **782**
Primary Registration District No. **1008**
File No. **39398**
Registered No. **11588**
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. **6077 Wanda** 2. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **56** 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 **Theresa Scheerer Raaf**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct 30-1875**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 0 18

8. Trade, profession, or particular kind of work done, as spinning, sawyer, bookkeeper, etc. **Salesman**
9. Industry or business in which work was done, as silk reeling, saw mill, bank, etc. **Assmann's Textiles**
10. Date deceased last worked at this occupation (month and year) **Sept 11/1931**
11. Total time (years) spent in this occupation **12**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St Louis Mo**

13. NAME **Wilbur Raaf**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Bernady**

15. MAIDEN NAME **Veronica Raaf Ringwald**

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

17. INFORMANT **Theresa Raaf**
(ADDRESS) **6077 Wanda**

18. BURIAL, CREMATION, OR REMOVAL **Bonsett Bk Nov 20/31**

19. UNDERTAKER **Weidemuller**
(ADDRESS) **6003 Groves**

20. FILED **Nov 19 1931**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 18th 1931**
22. I HEREBY CERTIFY, That I attended deceased from **Sept 19th 1931**, to **November 17th 1931**.
I last saw him alive on **Nov. 17th 1931**. Death is said to have occurred on the date stated above, at **4 P** m.
The principal cause of death and related causes of importance were as follows:

acute Hepatitis
12/1 A
12/17
12/27
120 B
Other contributory causes of importance: **Cholelithiasis**

Name of operation **Removal of gallbladder**
What test confirmed diagnosis? **Specimen** Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **no** 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? **no**
If so, specify _____
(Signed) **Bernard Abel**, M. D.
(Address) **3527 Orange St. St Louis Mo**

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.

Registrar

