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.

10534

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. City Hospital St. ..... Ward)

File No. .....

Registered No. 2598

2. FULL NAME Edward A Rafter

(a) Residence, No. 4966 Ellenwood St., 15 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Frances Rafter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 26-1902

7. AGE: YEARS 29 | MONTHS 10 | DAYS 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Special Agent 91

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mo. Pac RR Co 101

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 82A

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago Ills 2

FATHER

13. NAME Daniel Rafter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

MOTHER

15. MAIDEN NAME Ruth Pickering

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

17. INFORMANT (ADDRESS) Mrs Frances Rafter 4966 Ellenwood Av.

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Park Ills DATE Mch. 18 1932

19. UNDERTAKER (ADDRESS) Pat Bra 3024 Lafayette Av.

20. FILED MAR 18 1932 19.. Wm C Kennedy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mch. 17 1932

22. I HEREBY CERTIFY, That I attended deceased from No Physician in Attendance, 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1203 h m.

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

Shock & Injuries

Hemorrhage & Laceration of the Brain following fracture of the skull

Received when auto he was operating collided with another auto. In St Louis, Mo.

Other contributory causes of importance: Criminal Carelessness on part of deceased, 201

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Criminal Carelessness Date of injury 3/16, 1932

Where did injury occur? St Louis, Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Nature of injury Fractured skull

Nature of injury Auto Collision

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John Hurley M.D.

3/18/32 (Address) Deputy Coroner