

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

Do not use this space.

17947

File No. _____
Registered No. **4913**
St. _____ Ward)

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City **St. Louis** (No. **City Hospital**)

2. FULL NAME

(a) Residence, No. **1326** **January** Ward. **13**
(Usual place of abode)
Length of residence in city or town where death occurred **life** 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 **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) **Nov. 10 - 1929**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 6 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **mal**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME **John Raybrook**

14. BIRTHPLACE (CITY OR TOWN) **Illinois** (STATE OR COUNTRY) **2**

15. MAIDEN NAME **Zora Cloyd**

16. BIRTHPLACE (CITY OR TOWN) **Nebraska** (STATE OR COUNTRY) _____

17. INFORMANT **Hospital Information** (ADDRESS) **City Hospital**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Martin Cem** DATE **May 20** 19**32**

19. UNDERTAKER **Frogshamer & Co** (ADDRESS) **2228 W. Washington St**

20. FILED **20** 19**32** **St. Louis** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 19th 1932**

22. I HEREBY CERTIFY That I attended deceased from **May 18th 1932** to **May 19th 1932**

I last saw him alive on **May 19th 1932** Death is said to have occurred on the date stated above, at **8:52 a.m.**

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

Chronic Myocarditis Date of onset **April 1932**
Other contributory causes of importance: **930**

Name of operation _____ Date of _____
What test confirmed diagnosis **Clinical** Was there an autopsy? **no**

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? **no**

If so, specify **Carl H. Stoy**, M. D.
(Signed) _____ (Address) **City Hospital**

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.

MARGIN RESERVED FOR BINDING

V. No. 2

Raybrook