WRITE PLAINLY, WITH UNFADING INK. [illegible]

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.

31065

File No. 8802

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 1

Township ..... Primary Registration District No. 1203

City St. Louis (No. 4319 North 11th St. ..... St. ..... Ward)

2. FULL NAME Raymond Bredenkoetter

(a) Residence, No. 1126 Ferry St. St., 9 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 1 1924

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	8	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At School

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 18

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

FATHER

13. NAME William Bredenkoetter

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

MOTHER

15. MAIDEN NAME Florence Botto

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

17. INFORMANT (ADDRESS) Wm. Bredenkoetter 1126 Ferry St

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Bethlehem DATE Oct. 3 1932

19. UNDERTAKER (ADDRESS) Beiderwieden Funeral Home 1326 St. Louis Ave.

20. FILED Oct 3 1932 19 Max C. Starkloff Registrar. 10/3/32

MEDICAL CERTIFICATE OF DEATH

Found dead

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 30 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 8:20 P.m.

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

	Date of onset
Suffocation	
Caused when roof of cave in which he was playing collapsed in vacant lot	
Other contributory causes of importance:	
(7) Accident	115

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

What test confirmed diagnosis? ..... Was there an autopsy? No

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

Accident, suicide, or homicide? Accident Date of injury Sept 30, 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. Public Place

Manner of injury Roof of cave collapsed

Nature of injury Suffocation

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

If so, specify .....

(Signed) J. W. Kerner, M.D.

(Address) Dep. Cor.