

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

Do not use this space.

42477

**1. PLACE OF DEATH**

County..... Registration District No. 7  
 Township..... Primary Registration District No. 2  
 City St. Louis, Mo. (No. City Hospital #2) St. 22 Ward 22

File No. ....  
 Registered No. 11614  
 St. .... Ward)

**2. FULL NAME**

Chas. Raspberry  
 (a) Residence, No. 219 S 22nd St. St. 22 Ward. (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 Col 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) 1-23-1932  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
10 11

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

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

FATHER  
 13. NAME Joe Raspberry  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER  
 15. MAIDEN NAME Alice Henderson  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ar. Kan.

17. INFORMANT (ADDRESS) a Gertrude de laeth City Hospital #2

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE 12-13-1932

19. UNDERTAKER (ADDRESS) Walter Richter 35075 Ruston St

20. FILED DEC 29 1932 Max E. Hardley Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-4-1932  
 22. I HEREBY CERTIFY, That I attended deceased from 12-1-1932 to 12-4-1932  
 I last saw h. inative on 12-4-1932 Death is said to have occurred on the date stated above, at 8:50 m.

The principal cause of death and related causes of importance were as follows:  
 Date of onset  
1070  
Broncho Pneumonia  
Primary  
 Other contributory causes of importance:  
1070

Name of operation ..... Date of .....  
 What test confirmed diagnosis? Aut. Fat. 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 ..... 1070

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify no  
 (Signed) C. Smith M. D.  
 (Address) City Hospital #2

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.

NO. 1

