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.

11455

1. PLACE OF DEATH

County ..... Registration District No. 201 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 2524

City St Louis (No. 60, Kingsbury Pl St. ..... Ward)

2. FULL NAME George E. Raithel

(a) Residence, No. 60 Kingsbury St., 5 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: 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: Rose K. Raithel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 3 - 1866

7. AGE: YEARS 66 | MONTHS 7 | DAYS 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Manufacturer of Mill Supplies

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lawrence Kansas

FATHER

13. NAME: John G. Raithel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

MOTHER

15. MAIDEN NAME: Helen Dutro

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown "

17. INFORMANT (ADDRESS): John K. Raithel 60 Kingsbury Pl

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE March 15, 1933

19. UNDERTAKER (ADDRESS): C. R. Lupton & Sons 4449 Ohio St

20. FILED MAR 15 1933 19 Max C. Starkey Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 4th, 1930, to Mar. 15th, 1933

I last saw him alive on Mar. 15th, 1933. Death is said to have occurred on the date stated above, at 10 35 Am.

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

Bronchopneumonia 131 1078 | Date of onset

131

Other contributory causes of importance: Cardio-Vascular-Renal Disease

Name of operation None Date of .....

What test confirmed diagnosis? Physical Sign 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 .....

(Signed) [signature], M. D.

(Address) 3511 Lucas City

~~Willie Baumgartner~~
3511 Lucas ave
2 to 6 P.M.