

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

Do not use this space.

18214

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City *St. Louis, Mo.* (No. *3955² Shenandoah*) St. Ward)

File No.....
Registered No. **4422**
St. Ward)

2. FULL NAME

(a) Residence, No. *3955² Shenandoah*, *17* 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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>May 20-1933</i>		
7. AGE	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, <i>9</i> hrs. or <i>9</i> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Nil</i>	
	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) (STATE OR COUNTRY) <i>St. Louis Mo.</i>		
MOTHER	13. NAME <i>Norbert Raglin</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Illinois</i>	
	15. MAIDEN NAME <i>Velma Englebly dt.</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Illinois</i>	
17. INFORMANT <i>Norbert Raglin</i> (ADDRESS) <i>3955² Shenandoah</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Carm. Ill.</i> DATE <i>May 21, 1933</i>		
19. UNDERTAKER <i>Wick Bros</i> (ADDRESS) <i>2201 S. Grand</i>		
20. FILED <i>May 21, 1933</i> <i>J. F. Bredeck</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 20, 1933*

22. I HEREBY CERTIFY, That I attended deceased from *May 20, 1933*, to *May 20, 1933*.
I last saw her alive on *May 20, 1933*. Death is said to have occurred on the date stated above, at *9:45 P.M.*
The principal cause of death and related causes of importance were as follows:
Congenital Labels
159
158 159
Date of onset

Other contributory causes of importance:
Prenatal Birth
(6 3/4 mos)

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?..... 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?.....
If so, specify.....
(Signed) *N. M. Freund* M. D.
(Address) *1727 Lafayette St.*

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.

WHITE PRINT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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