

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

Do not use this space.

31033

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **10483**
 City **St. Louis** (No. **St. Lukes Hospital**) St. Ward)

File No.
 Registered No. **7712**

2. FULL NAME

(a) Residence, No. **308 Clara Ave.**, **5** 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 White		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lena B. Mae Rae					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 8-1897					
7. AGE YEARS 36		MONTHS 6		DAYS 28	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Court Reporter					
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) Illinois					
13. NAME George Mae Rae					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois					
15. MAIDEN NAME Don't know					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois					
17. INFORMANT Lena B. Mae Rae (ADDRESS) 308 Clara Ave					
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE 9/8 19 33					
19. UNDERTAKER Arthur J. Donnelly (ADDRESS) 3840 Lafayette Blvd					
20. FILED 1933 J. H. Redick Registrar.					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 5**, 19**33**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 30**, 19**33**, to **Sept 5th**, 19**33**
 I last saw him alive on **Sept 5th**, 19**33**. Death is said to have occurred on the date stated above, at **9 P. m.**

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

Sandby's Paralysis Date of onset **8/29/33**

Other contributory causes of importance:

Pneumonia **109A**

8. Name of operation Date of
 What test confirmed diagnosis? **chinal** Was there an autopsy? **yes**

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) **J. P. Gay** M. D.
 (Address) **905 Grandmont Bldg.**

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.

OCT 20 1933

Dr Gray

3720 Washington Ave

2-5 Pa

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