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

Do not use this space.

34779

File No. 8941

Registered No.

791

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City St Louis (No. Little Sisters of the Poor 3400 S. Kingshighway St. Ward)

2. FULL NAME Charles L Raedle

(a) Residence, No. 3942 Arsenal St., St., 16 Ward.
(Usual place of abode)

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
male	white	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 1 1865

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
67	10	13	

OCCUPATION

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

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) 12-27-33

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Neustrelitz Germ

FATHER

13. NAME Laurence Raedle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Lerikrauss

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Miss Mae Raedle
(ADDRESS) 3942 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lake Charles Cem DATE 10-17 1933

19. UNDERTAKER Kriegshauser Undertaker
(ADDRESS) 4228 S. Kingshighway

20. FILED Oct 16 1933 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1933 to Oct 14 1933

I last saw him alive on Oct 14 1933. Death is said to have occurred on the date stated above, at 2:40 P m.

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

	Date of onset
Cerebral hemorrhage	9/1/33
82 A	
97	

Other contributory causes of importance: Uremia Toxemia 9/14

8

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) Felix W Shea, M. D.

(Address) 3161 Lafayette

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.

NOV 10 1933

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Dr. Maiera