

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

Do not use this space.

SEP 16 1935

791

25098

**1. PLACE OF DEATH**

County..... Registration District No. **1003**  
Township..... Primary Registration District No.  
City St. Louis No. 3607<sup>th</sup> Evans Ave

File No.....  
Registered No. **6559**  
St..... Ward

**2. FULL NAME**

(a) Residence, No. 247<sup>th</sup> Evans St., MR Ward, Stanton, Mo  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nora Raydoy</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 2 1874</u>		
7. AGE	YEARS	MONTHS
<u>13</u>	<u>50</u>	<u>9</u>
		DAYS
		<u>29</u>
8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. <u>Salesman</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Cosmetics</u>		
10. Date deceased last worked at this occupation (month and year) <u>July 30, 1935</u>		11. Total time (years) spent in this occupation.
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Chicago Ill</u>		
13. NAME <u>Charles Raydoy</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Margaret Melmer</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>Dorothy Klein</u> (ADDRESS) <u>3607<sup>th</sup> Evans Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park</u> DATE <u>Aug 3</u> 19 <u>35</u>		
19. UNDERTAKER <u>Alexander &amp; Sons</u> (ADDRESS) <u>611<sup>th</sup> Belmont</u> RUC		
20. FILED <u>J. Brebeck</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 6:30 a.m.

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

Excessive Heat  
Chronic Myocarditis  
Chronic Stenotitid  
Depletion

Date of onset 3/15

Other contributory causes of importance: 191  
Arterio Sclerosis

Name of operation..... Date of.....  
What test confirmed diagnosis?..... 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?.....  
If so, specify.....  
(Signed) Frank P. Furlong, M.D.  
(Address) Coroner

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.

