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.

JAN 13 1936

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

Do not use this space.

41649
10893

1. PLACE OF DEATH

County ..... Registration District No. 791 1008 File No. .....

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

City St. Louis Mo (No. Desloge Hospital St. ..... Ward)

2. FULL NAME Lawerence Rayco

(a) Residence, No. ~~1010~~ 820 Franklin St., 25 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~~ Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Voronica Rayco

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 21, 1879

7. AGE: Years 56 Months 4 Days 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed
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) Poland

FATHER
13. NAME Mack Rayco
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

17. INFORMANT (ADDRESS) Sadie Rayco 820 Franklin

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Peter Pad DATE Dec 24 1935

19. UNDERTAKER (ADDRESS) Chulick, Und. 1716 So. Jeff.

20. FILED OCT 24 1935 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/22, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/1/, 1935, to 12/22, 1935

I last saw him alive on 12/22, 1935 Death is said to have occurred on the date stated above, at 10 15 a.m.

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

	Date of onset
Carcinoma of Oesophagus	
Carcinomatosis	

Other contributory causes of importance: 46

Name of operation Gastrostomy Date of .....

What test confirmed diagnosis? X Ray 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) A. Forster M.D., M. D.

(Address) Firm in Desloge Hosp.