MAR 12 1936

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 1329 McCausland av., St. ..... Ward)

File No. 8288

Registered No. 1968

2. FULL NAME Mabel V. Raike,

(a) Residence, No. ..... St., 4 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)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1873-1-15

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	63	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

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) Charleston, W. Va.

FATHER

13. NAME David Tawney,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.

MOTHER

15. MAIDEN NAME Elizabeth Young,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.

17. INFORMANT Clara Evans,
(ADDRESS) 1329 McCausland av.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove DATE 2/22/36, 19

19. UNDERTAKER Robert J. Ambruster Mortuary,
(ADDRESS) Clayton rd. at Concordia Lane.

20. FILED FEB 22 1936, 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/20/36, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19 2b, to 2/20/36, 19

I last saw her alive on 2/17/36, 19 Death is said to have occurred on the date stated above, at 10:15 m. P.

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

	Date of onset
Cerebral Hemorrhage	1 day
826	
Other contributory causes of importance:	
arteria Sclerosis	Chronic

Name of operation No Date of .....

What test confirmed diagnosis? Physical 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) [illegible] M. D.

(Address) 1600 Olive st., St. Louis Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD