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.

APR 11 1936

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

Do not use this space.

12421

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 2398

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

City St Louis (No. City Hosp St. ..... Ward)

2. FULL NAME A17301 Geo Raymond

(a) Residence, No. 1008 Dillon St. Ward. 22
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 13 1892

7. AGE: YEARS 44 | MONTHS — | DAYS 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Nil
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

FATHER
13. NAME: Geo Raymond
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

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

17. INFORMANT (ADDRESS): Hosp Tel Mkeyh City Hosp

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE March 5 1936

19. UNDERTAKER (ADDRESS): E. J. Schnur 3125 Lafayette av.

20. FILED MAR 4 1936 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/3/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/3/36, 19, to 3/3/36, 19

I last saw him alive on 3/31, 1936. Death is said to have occurred on the date stated above, at 1:30 a.m.

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

Pulmonary Tbc

Date of onset

83

Other contributory causes of importance:
Tabo-paresis
Luetic Aortitis (?)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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) Roy Greenbaum, M. D.

(Address) City Hosp

DEC 7 1949