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.

JUL 27 1936

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

Do not use this space.

25077

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123

Township — Primary Registration District No. 6248 B

City Jefferson Barracks (No. Veterans Administration Facility St. Ward)

File No. — Registered No. 221

2. FULL NAME Raymond Jerome SAVIGNAC

(a) Residence, No. - St., Ward. Gray Summit, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. kn mos. own 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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Louise J. Savignac

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 6, 1897

7. AGE: Years 39 | Months 5 | Days 4 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unavailable

10. Date deceased last worked at this occupation (month and year) Unavailable

11. Total time (years) spent in this occupation Unav.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

FATHER

13. NAME Unavailable

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

MOTHER

15. MAIDEN NAME Salina Pariddy

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

17. INFORMANT M. Hehlig Clinical Clerk
(ADDRESS) Vet. Adm. Facility, Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cem DATE June 12, 1936

19. UNDERTAKER C. Hoffmeister N. T. Co.
(ADDRESS) 7114 So. Broadway, St. Louis

20. FILED June 11, 1936 L. Mowery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1936, to June 9, 1936

I last saw him alive on June 9, 1936. Death is said to have occurred on the date stated above, at 11:55 a.m. p.m.

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

	Date of onset
Cerebral hemorrhage, right	Unkn.

Other contributory causes of importance:

Hypertension, severe	Unkn.

Name of operation None Date of -

What test confirmed diagnosis? Clinical Manifestations, x-ray and laboratory findings-Autopsy. 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) C. W. Hughes, M. D.
Chief Med. Officer Vet. Adm. Facility,
(Address) Jeff. Brks., Mo.