

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

Do not use this space.

JAN 10 1937

46604

1. PLACE OF DEATH

County.....
Township.....
City **St. Louis** (No. **2604a Lem**)

Registration District No. **791**
Primary Registration District No. **1008**

File No.....
Registered No. **12396**
St. Ward)

2. FULL NAME **Charles Raymo**

(a) Residence, No. **2604a Lem Ave.** St. **23** Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 12, 1922				
7. AGE	YEARS 14	MONTHS 11	DAYS 5	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tiff Miner			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed			
	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) Potosi Missouri				
FATHER	13. NAME Charles Raymo			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Potosi Missouri			
MOTHER	15. MAIDEN NAME Katherine Mason			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Potosi Missouri			
17. INFORMANT (ADDRESS) Marvin Rabbs 5018 ...				
18. BURIAL, CREMATION, OR REMOVAL PLACE Potosi, Mo. DATE 12/19/36 19...				
19. UNDERTAKER (ADDRESS) A. W. McLaughlin 2301 ...				
20. FILED 1937 J. T. Bredeck Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 17, 1936

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

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at **8:00 p.m.**

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

Acute Labor Pneumonia Date of onset **11/20/36**

Other contributory causes of importance: **none**

Name of operation..... Date of.....
What test confirmed diagnosis? **Clinical** 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? **no**
If so, specify.....

(Signed) **J. T. Bredeck**, M. D.

(Address) **1943 Morris Ave**

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.

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