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

Do not use this space.

FEB 8 1937

Registration District No. 791

Primary Registration District No. 1003

File No. 3446

Registered No. 478

1. PLACE OF DEATH

County 76

Township

City 36 St. Louis (No. Firmin Desloge Hospital St. Ward)

2. FULL NAME Raymond August Stelzer

(a) Residence, No. 8144 Toddy Ave St. NR Ward. Overland, Mo.
(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)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6th, 1899

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
37	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic 63

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Ice & Fuel Co

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 2

FATHER

13. NAME August Stelzer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 21

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

17. INFORMANT Mrs. Alice Stelzer
(ADDRESS) 8144 Toddy Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park Cem DATE Jan. 14th, 1937

19. UNDERTAKER Drehmann Vanal
(ADDRESS) 1905 Union Blvd.

20. FILED JAN 12 1937 19 J. H. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1937, to Jan 11, 1937

I last saw h. 17 alive on Jan 11, 1937. Death is said to have occurred on the date stated above, at 10 17 m.

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

	Date of onset
Lobar Pneumonia	1-4-37
Left upper & lower lobes	

Other contributory causes of importance: 116

Name of operation Date of

What test confirmed diagnosis? X-ray 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? No

If so, specify EXPOSURE TO INCLEMENT WEATHER

(Signed) E. O. Brown, M. D.

(Address)

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.

100M-3-28-38