

APR 27 1937

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

Do not use this space.

13357

File No. _____
Registered No. 16
St. _____ Ward _____

1. PLACE OF DEATH

County St. Louis Registration District No. _____
Township Jefferson Primary Registration District No. _____
City Maplewood (No. 2632, Margarette St. _____ Ward _____

2. FULL NAME Effie Jane Racer

(a) Residence, No. 2632 Margarette St. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas M. Racer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 14, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Housewife

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) Logan County
(STATE OR COUNTRY) Ohio

13. NAME John W. Bixler

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

15. MAIDEN NAME Eliza Houseman

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

17. INFORMANT Marion M. Racer
(ADDRESS) 2632 Margarette

18. BURIAL, CREMATION, OR REMOVAL

PLACE Urbana, Ohio. DATE April 2, 1937

19. UNDERTAKER Jay B. Smith Funeral Home
(ADDRESS) 7456 Manchester Ave, Maplewood, Mo.

20. FILED March 31, 1937 Casimir B. ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1937, to March 30, 1937, 19____

I last saw h. w. alive on March 30, 1937. Death is said to have occurred on the date stated above, approx. 9 a.m.

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

Cerebral Hemorrhage Date of onset Jan. 1

Other contributory causes of importance:

Arterial sclerosis

Name of operation None 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? _____

If so, specify _____

(Signed) Louis G. Steiner, M. D.

(Address) Maplewood 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.

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