

JUL 29 1937

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

Do not use this space.

24169

1. PLACE OF DEATH

County St. Louis Registration District No. 486
Township North Family Registration District No. 3-6-0
City (No.) St. Ward

File No. 22
Registered No. 22

2. FULL NAME JOHN RALES

(a) Residence, No. 3820 OREGON AV. St. St. Louis
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 42 yrs. 9 mos. 18 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) SINGLE
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF SINGLE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEP 3 1894

7. AGE YEARS 42 MONTHS 9 DAYS 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. GLASS POLISHER
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 10

12. BIRTHPLACE (CITY OR TOWN) ST LOUIS (STATE OR COUNTRY) MO

13. NAME JOHN RALES

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

15. MAIDEN NAME ELIZABETH KIRTMAN

16. BIRTHPLACE (CITY OR TOWN) ST LOUIS (STATE OR COUNTRY) MISSOURI

17. INFORMANT EDNA WATERS (ADDRESS) ST LOUIS

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY DATE 6-22 1937

19. UNDERTAKER (ADDRESS) St. Louis

20. FILED 7-10 1937 C. E. Powell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-20 1937

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..... m.

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

Accidental
Drowning
Motor Boat
Other contributory causes of importance: 2120

Name of operation..... Date of.....
What test confirmed diagnosis? Physical Was there an autopsy?.....

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) Chas. H. ... M. D.
(Address) St. Louis

STATE OF MISSOURI: PHYSICIAN SHOULD STATE EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. CHOSE OF DEATH IN plain terms, so that it may be properly classified.

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