

AUG - 5 1937

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

Do not use this space.

25551

1. PLACE OF DEATH

County

Registration District No.

791

Township

Primary Registration District No.

1003

City

No.

City Hosp #1

File No.

6725

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

3607 Page

St.

11 Ward.

(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

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

Edith Ray

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

July 28, 1906

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

30

11

13

OCCUPATION

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

Chauffeur

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

Unknown

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)

Ellington Mo.

13. NAME

John Ray

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

Montgomery Co. Indiana

15. MAIDEN NAME

Lulu Melton

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

Ellington Mo.

17. INFORMANT (ADDRESS)

Mrs Lulu Ray
Crew Court Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Memorial Park

DATE

7-14

1937

19. UNDERTAKER (ADDRESS)

Mullen Bros
4259 Lindell

20. FILED

AUG 13 1937

J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

7-11-37

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 12:35 A.M.

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

Hemorrhage from bullet wound left Popliteal Artery as a result of being shot with gun in the hands of one Joseph Toranzo in front of about 1227 Leonard Ave

Other contributory causes of importance:

about 12:14 A.M. July 11, 1937

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ~~Domestic~~ Date of injury 8/11/37

Where did injury occur? St. Louis Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

1227 Leonard Ave

Manner of injury

Nature of injury See Above

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Joseph M. Quinn, M.D.

(Address) Deputy Coroner

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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