

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

Do not use this space.

**SEP 25 1937**

**1. PLACE OF DEATH**

County St. Louis  
Township Clayton  
City Clayton

Registration District No. 790  
Primary Registration District No. 60339  
(No. St. Louis County Hospital)

File No. 31825  
Registered No. 332  
Ward

**2. FULL NAME**

Bert Rasure  
5311 Hodiament

(a) Residence, No. 5311 Hodiament St.                      Ward.                     

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 10 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 Mamie Rasure

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1 1875

17. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
<u>62</u>	<u>62</u>	<u>4</u>	<u>15</u>	<u>nil</u>

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

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) (STATE OR COUNTRY) Indiana

13. NAME John Rasure

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

15. MAIDEN NAME May Stocking

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

17. INFORMANT (ADDRESS) Mamie Rasure  
5311 Hodiament

18. BURIAL, CREMATION, OR REMOVAL PLACE Val halla DATE Sept 18 1937

19. UNDERTAKER (ADDRESS) Provoost Under Taking Co  
3710 N Grand ave

20. FILED 9/17 1937 Dr A J Siquorelli Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-15-37, 19                    

22. I HEREBY CERTIFY, That I attended deceased from 9-6-37, 19                     to 9-15-37, 19                    

I last saw him alive on 9-15-37, 19                    . Death is said to have occurred on the date stated above, at 1:30 A.M.

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

Lobar Pneumonia 8/25/37  
100 Approximately 137  
Date of onset

Other contributory causes of importance:

Gremia

Name of operation                      Date of                     

What test confirmed diagnosis?                      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) [Signature] M.P.  
(Address) St Louis County Hospital

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.

