

OCT 14 1937

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

33117
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003** Registered No. **9171**
(c) City **St. Louis** (d) Street No. **1321 Goodfellow** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Marvin Bruce Raymond**

(a) Residence, No. **1321 Goodfellow** St. **6** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **August 24, 1937**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
1 6

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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) **St. Louis**
(STATE OR COUNTRY) **Missouri**

FATHER
13. NAME **Lawrence Raymond**
14. BIRTHPLACE (CITY OR TOWN) **St. Louis**
(STATE OR COUNTRY) **Missouri**

MOTHER
15. MAIDEN NAME **Tillie Marenus**
16. BIRTHPLACE (CITY OR TOWN) **St. Louis**
(STATE OR COUNTRY) **Missouri**

17. INFORMANT **Nathan Raymond**
(ADDRESS) **5758 Terry**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Beth Ham Hag** DATE **9/30 1937**

19. FUNERAL DIRECTOR **H. B. Berger**
(ADDRESS) **4715 McPherson**

20. FILE NO. **SEP 30 1937** **J. T. Gredek**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9 / 30 1937**

22. I HEREBY CERTIFY, That I attended deceased from **August 24, 1937, to September 30, 1937**
I last saw him alive on **Sept 30, 1937** Death is said to have occurred on the date stated above, at **5:20** a. m.

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

Congenital atelectasis of the lung Date of onset

Congenital Tuberculosis of the stomach 16/18

Name of operation **None** Date of.....
What test confirmed diagnosis? **X-ray** 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? **No**
If so, specify.....
(Signed) **Lawrence Goldman**, M. D.
(Address) **1321 Goodfellow**

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.

11-100

STATEMENT BY LICENSED EMBALMER

I, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed

A. D. Geyser

Licensed Embalmer No. *1597*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)