FEB 12 1938

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

Do not use this space.

791

614

1. PLACE OF DEATH

County..... Registration District No. 1003 File No. 500

Township..... Primary Registration District No..... Registered No.....

City St. Louis (No. ALEXIAN. BROS. HOSPITAL St. ..... Ward)

2. FULL NAME Raymond Kreyling 645

(a) Residence, No. 4330 So. Main St. Ward. 15
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22, 1924

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	13	5	23	

OCCUPATION

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

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

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) Mo.

FATHER

13. NAME Walter Kreyling

14. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

MOTHER

15. MAIDEN NAME Helen Moore MOORE

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

17. INFORMANT Helen Gerard - Mother
(ADDRESS) 4330 So. Main

18. BURIAL, CREMATION, OR REMOVAL
PLACE Old SS. Peter & Paul DATE Jan. 17, 1938

19. UNDERTAKER C. HOFFMEISTER UNDERTAKING & LIVERY CO.
(ADDRESS) 7814 So. B'way, St. Louis Mo.

20. FILED JAN 15 1938 J. F. Bodeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-14- 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-11-, 1938, to 1-14, 1938

I last saw h. alive on 1-13-, 1938. Death is said to have occurred on the date stated above, at 4:50 A m.

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

	Date of onset
Intussusception of small bowel	

Other contributory causes of importance:

Name of operation Appendectomy Date of 1-12/38

What test confirmed diagnosis? Post mortem Was there an autopsy? yes

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) Joseph L. Zerr, M. D.

(Address) 4209 Virginia Ill.

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.

I, George W. Hoffmeister, Licensed Embalmer No. 2426, hereby certify that the body recorded on the reverse side of this certificate was embalmed by Linus Hoffmeister, L. #3871 and Virgil Berryman, L. #4018, working under by personal supervision.

Signed ...Geo. W. Hoffmeister...
Lic. Emb. No. 2426