

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.

12 1938

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

Do not use this space.

920

791
1003

1. PLACE OF DEATH

County Registration District No.
 Township Primary Registration District No.
 City St. Louis (No. St. Ann's Hospital) (City, Town, or Village) St. Ward)

File No.
 Registered No. 776
 St. Ward)

2. FULL NAME

Baby Raup
 (a) Residence, No. 4033a Palm St. St. 10 Ward.
 (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 Female 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) Jan. 22, 1938
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, 0 hrs. or 0 min.
0 0 0 0

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

13. NAME Albert Raup

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

15. MAIDEN NAME Marie Drexler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Paul Minn.

17. INFORMANT Albert Raup
 (ADDRESS) 4033a Palm

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Jan 22 38

19. UNDERTAKER P. Miceli & Son
 (ADDRESS) 1133 No. Kingshighway

20. FILED JAN 22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-22-38
 22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
 I last saw him alive on 19..... Death is said to have occurred on the date stated above, at 3:40 a.m.

The principal cause of death and related causes of importance were as follows:
 Date of onset
Intra uterine asphyxiation
 Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? No

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) Nicholas S. Vitale, M. D.
 (Address) 3861 St. Louis Ave.

Registrar.

Arnold W. Schoene

No. Embalming License No. 3864