

REC'D JUN 9 1938

## MISSOURI STATE BOARD OF HEALTH

Do not use this space.

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH

County St. LouisRegistration District No. 791

Township

Primary Registration District No. 2008

City

Rayman (No.         )

St.

Ward

## 2. FULL NAME

(a) Residence, No. 4042 Cleveland

(Usual place of abode)

Sander (Skill born)65517 Ward.

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)

Undetermined White

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

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

May 19 - 1938

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

SKILL born

OCCUPATION

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)

Total time (years) spent in this occupation

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

St. Louis, Mo.

13. NAME

Sander Mrs. Webster

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

St. Louis, Mo.

15. MAIDEN NAME

Ester Rayman

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

St. Louis, Mo.

17. INFORMANT (ADDRESS)

Ester Carmany 4042 Cleveland

18. BURIAL, CREMATION, OR REMOVAL

PLACE

City Cem

DATE

5-27-38

19. UNDERTAKER (ADDRESS)

Wm. Hamilton City Health Dept

20. FILE

MAY 25 1938J.P. Brebeck

Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

May 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 11A m.

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

Skill born

Date of onset

Other contributory causes of importance:

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)

Thomas C. Dr. John M. D. Metroprokter Building

(Address)

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.

