

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

20555  
Do not use this space.

791  
1003

5694

1. PLACE OF DEATH *REC'D III 12 1938*

(a) County *St. Louis* Registration District No. *1*

(b) Township *St. Louis* Primary Registration District No. *1*

(c) City *St. Louis* (d) Street No. *Homer G. Phillips Hospital* Registered No. *5694*

(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 *Raymond E. House*

(a) Residence, No. *1310 N. 21st* St. *21* (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male*

4. COLOR OR RACE *Cal.*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *-*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 16, 1933*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<i>5</i>		<i>3</i>	<i>5</i>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Bay*

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 21st 1938*

22. I HEREBY CERTIFY, That I attended deceased from *1938*, to *1938*

I last saw him alive on *June 21, 1938* Death is said to have occurred on the date stated above, at *10:55 P.M.*

The principal cause of death and related causes of importance were as follows:  
**Traumatic Intracranial Hemorrhage, Fracture of the Skull and Fracture of the 7th Cervical Vertebrae when he ran into a Studebaker Sedan driven by one George Robinson, in front of about 1404 N. 21st St. June 21, 1938, about 8:25 P.M. Accident.**

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) *St. Louis, Mo.* (STATE OR COUNTRY)

FATHER

13. NAME *Raymond E. House*

14. BIRTHPLACE (CITY OR TOWN) *West Point, Miss.* (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME *Willie Mae Varner*

16. BIRTHPLACE (CITY OR TOWN) *St. Louis, Mo.* (STATE OR COUNTRY)

17. INFORMANT *Raymond E. House* (ADDRESS) *1310 N. 21st St.*

BURIAL, CREMATION, OR REMOVAL

PLACE *Greenwood* DATE *6-25 1938*

19. FUNERAL DIRECTOR (NAME) *W.S. WADE* (ADDRESS) *4202 Jimmy Ave.*

20. FILED *JUN 24 1938* *J.B. Brubaker* Local Registrar.

Name of operation

What test confirmed diagnosis? Was there an autopsy? *Yes*

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? *accident* Date of injury *6/21 1938*  
 Where did injury occur? *St. Louis, Mo.* (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *see above*

Nature of injury *see above*

24. Was disease or injury in any way related to occupation of deceased? *no.*  
 If so, specify *Joseph M. Zwick* (Signed) *Joseph M. Zwick* (Address) *1004 N. 21st St.*

WRITE PLAINLY WITH UNLOADING INK---THIS IS A PERMANENT RECORD

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed D. J. Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Chouteau

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.)

If this body is not embalmed, above space should be left blank.