JUL 1 1938 REC'D JUL 7 1938

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis
Township Carondelet
City ~~Jefferson Barracks~~, Mo.
Registration District No. 784
Primary Registration District No. 2
Post Hospital St. Ward)
File No. 22988
Registered No. 1134

2. FULL NAME Jean K. Raymer 560
(a) Residence, No. 150 W. Velma St., Ward. Lemay, Mo.
(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 Male
4. COLOR OR RACE White
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) November 26, 1932
7. AGE YEARS 5 MONTHS 7 DAYS 4 If LESS than 1 day, ..... hrs. or ..... min.

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)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME Palestine Raymer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Round Hill Kentucky

MOTHER
15. MAIDEN NAME Eva Larrison
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cypress Illinois

17. INFORMANT (ADDRESS) St. Sgt. Palestine Raymer St. Louis, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE National Cemetery DATE July 2, 1938
19. UNDERTAKER (ADDRESS) C. Hoffmeister U. & L. Co. 7814 S. Broadway, St. Louis, Mo.
20. FILED JUL 1 1938 19 T. R. Meyer M.D. D.P.H. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1938
22. I HEREBY CERTIFY, That I attended deceased from June 29, 1938, to June 30, 1938
I last saw him alive on June 30, 1938 Death is said to have occurred on the date stated above, at 3:10P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tonsillitis, chronic, follicular, bilateral, with hypertrophied adenoids; with post operative hemorrhage following tonsillectomy and adenoidectomy. | |

Other contributory causes of importance: Hemophilia 115W

Name of operation Tonsillectomy and Adenoidectomy Date of 6/29/38
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? No
If so, specify
(Signed) P. J. CARROLL, M. D.
(Address) Lt. Col., Medical Corps Station Hospital, Jefferson Barracks, Mo.

WRITE PLAINLY, WITH UNFADING 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.

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