

REC'D SEP 27 1938

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

27632

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Mo Registration District No. 701
(b) Township St. Louis Mo Primary Registration District No. 1008 Registered No. 7646
(c) City St. Louis Mo (d) Street No. 3225 Montgomery St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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

Tony Ceyce 500
(a) Residence, No. 3225 Montgomery St. 11 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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) About 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Abt. 72

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
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

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

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) John Spinning
3116 Sheela Ave

18. BURIAL, CREMATION, OR REMOVAL Kirksville, Mo DATE 8/24/38

19. FUNERAL DIRECTOR (ADDRESS) Anatomical Board
Kirksville Mo School of Osteopathy

20. FILED J. F. Bredich Local Registrar
1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12 1938

22. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 4:40 p.m.

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

Coronary Atherosclerosis
Arteriosclerosis

Other contributory causes of importance: None

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 Alfred Perry M.D.

(Signed) Alfred Perry M.D.
(Address) Physician Corner

STATEMENT BY LICENSED EMBALMER

Raymond E. Gerke, Licensed Embalmer No. *3985*

hereby certify that the body recorded on the reverse side of this certificate was embalmed by *myself*

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed *Raymond E. Gerke*
city license #99 Licensed Embalmer No. *3985*

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.)