

REC'D NOV 16 1938

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

33683
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis, Mo Registration District No. 791
 (b) Township _____ Primary Registration District No. 1003 Registered No. 8669
 (c) City St. Louis, Mo (d) Street No. Alexian Bros Hosp 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

(a) Residence, No. _____ St. Plattsburg Mo
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 3, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from August 22, 1938 to October 3, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 11, 1904
 7. AGE YEARS 34 MONTHS 1 DAYS 22 If LESS than 1 day, hrs. or min.

I last saw him alive on October 3, 1938 Death is said to have occurred on the date stated above, at 5:30 P. M.
 The principal cause of death and related causes of importance were as follows:

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

Aplastic Anemia

Date of onset

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

Other contributory causes of importance:
Degenerative mycarditis About 1. due to insufficient nourishment, caused by anemia

FATHER 13. NAME John Bray
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

Name of operation _____ Date of _____
 What test confirmed diagnosis? Lab findings Was there an autopsy? Yes

MOTHER 15. MAIDEN NAME Rena Anne Todd
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

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.

17. INFORMANT (ADDRESS) Mildred Bray Plattsburg Mo

Manner of injury _____
 Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Plattsburg Mo DATE Oct 5, 1938

24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify _____ (Signed) Em. Eigel (EIGEL, M.D.)
 (Address) 3800 S. 6. Broadway

19. FUNERAL DIRECTOR (ADDRESS) Darrel Lyons Plattsburg Mo

20. FILED OCT 4 1938 St. Louis Local Registrar.

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.

8669

8698

STATEMENT BY LICENSED EMBALMER

I, John Ketter, Licensed Embalmer No. _____

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

_____. L. E.

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

Signed

John Ketter

Licensed Embalmer No.

3880

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.)