

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.

DEC 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

37845
Do not use this space.

1. PLACE OF DEATH

(a) County..... 2 Registration District No. 1003
(b) Township..... 1 Primary Registration District No. Registered No. 10172
(c) City St. Louis (d) Street No. 1708 No. 20th St 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? 1 yrs. 0 mos. 0 ds.

2. PRINT FULL NAME

(a) Residence, No. 1708 North 20th Street St. 26 (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 Female 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 Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3030-38
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 7 21
OCCUPATION 8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc. child
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) 1 11. Total time (years) spent in this occupation 1
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Highland Illinois 1
FATHER 13. NAME Raymond Rapien
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bartlesville Illinois 1
MOTHER 15. MAIDEN NAME Alice Weder
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alhambra Illinois 1
17. INFORMANT (ADDRESS) Raymond Rapien 1708 North 20th Street St. Louis
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Pius DATE 11-25 1938
19. FUNERAL DIRECTOR (ADDRESS) F.B. Mc Saw 302 Mayme
20. FILE NO. NOV 23 1938 J.F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 23 1938
22. I HEREBY CERTIFY, That I attended deceased from Nov 21 1938 to Nov 22 1938
I last saw him alive on Nov 22 1938 Death is said to have occurred on the date stated above, at 1 A.M.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset 10/8
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) Arthur V. Shuler, M. D.
(Address) 3403 214

STATEMENT BY LICENSED EMBALMER

I, Francis B. McGinnis, Licensed Embalmer No. 2905

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 Francis B. McGinnis

Licensed Embalmer No. 2905

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.)