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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33443

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8399

1. PLACE OF DEATH:

(a) County:

(b) City or town: ST. LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: CITY HOSP D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 33 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 19

(a) State MO (b) County

(c) City or town ST LOUIS MO 918
(If outside city or town limits, write "RURAL")

(d) Street No. 924 S. Boyle
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JAMES R. RALEIGH

3. (b) If veteran, name war NONE

3. (c) Social Security No. 489-18-0287

4. Sex MALE D

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife MARY E RALEIGH

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased FEB (Month) 26 (Day) 1875 (Year)

8. AGE: Years 66 Months 7 Days 27 If less than one day hr. min.

9. Birthplace KENTUCKY (City, town, or county) 1 (State or foreign country)

10. Usual occupation LABORER

11. Industry or business W. P. A.

FATHER
12. Name HENRY RALEIGH
13. Birthplace KENTUCKY (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name UNKOWN
15. Birthplace UNKOWN (City, town, or county) 9 (State or foreign country)

16. (a) Informant MARY E. RALEIGH
(b) Address 924 SO. Boyle

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10 (Month) 25 (Day) 41 (Year)
(c) Place: burial or cremation NEW ST MARCUS

18. (a) Signature of funeral director KRIEGSHAUSER
(b) Address 4228 SO. KINGHIGHWAY

19. (a) OCT 23 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22
year 1941 hour minute 4:15 P.M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis and Chronic Myocarditis, Cyanide Poisoning, Fumigating While Washing Bowls Used in Fumigating at
Due to 4163 West Pine St
about 3:30 PM Oct 22-1941

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Pending

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Oct 22-1941
(c) Where did injury occur? St Louis (City or town) MO (County) ONA (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
4163 West Pine
(Specify type of place)
While at work? (e) Means of injury

23. Signature Alfred J Perry (M. D. or other)
Address Liberty Corona Date signed 10/23/41

(Licensed Embalmer's Statement on Reverse Side)

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.....Edwin D. McDermott

Licensed Embalmer No.....3024

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.