

U.S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12984

3626

FILED MAY 7 1942 91

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 11 Days
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No..... 1025 Rutger St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Harold D. Raymo

3. (b) If veteran, name war..... no 3. (c) Social Security No..... no

4. Sex..... Male 5. Color or race..... White 6. (a) Single, widowed, married, divorced..... Single

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

7. Birth date of deceased Aug. 20, 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 8 2 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation nil

11. Industry or business.....

MOTHER FATHER { 12. Name Floyd Raymo
13. Birthplace Washington County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Thebeau
15. Birthplace Washington County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Floyd Raymo
(b) Address 1025 Rutger St.

17. (a) Remove-Metor (b) Date thereof Apr. 24, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Richwoods Mo.

18. (a) Signature of funeral director Weick Bros.
(b) Address 2201 S. Grand Bl.

19. (a) APR 24 1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22,
year 1942 hour 5:40 minute A. M.

21. I hereby certify that I attended the deceased from April 12,
19 42 to April 22, 19 42
that I last saw him alive on April 22, 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death
acute bronchitis
atelectasis left lung
Due to.....
Due to.....

Other conditions
(Include pregnancy within 3 months of death)
HD

Major findings:
Of operations.....
Of autopsy.....

Duration
2 wks
10 days

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).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury.....

23. Signature [Signature] (M. D. or other) med.
Address 1515 Lafayette Avenue Date signed 4/22/42

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

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

Nancy A Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.)

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