

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

Do not use this space.

39095

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1008  
City..... (No. 7702, So. Broadway) St. .... Ward)

File No. ....  
Registered No. 11265

**2. FULL NAME** Raymond J. Hernandez

(a) Residence, No. 7702 So. Broadway St., 1 Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**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) Aug 24-1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
2 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_

9. Industry or business in which work was done, as silk mill, 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) St. Louis  
(STATE OR COUNTRY) Mo

13. NAME Raymond Hernandez

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

15. MAIDEN NAME Amanda Rodriguez

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

17. INFORMANT Raymond Hernandez  
(ADDRESS) 7702 So. Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's DATE Nov 9 31

19. UNDERTAKER P. Hoffmeister  
(ADDRESS) 2274 So. Broadway

20. FILED Nov 9 1931 Max C. Hansen  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 8, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 17 (1931), to Nov 5, 1931

I last saw him alive on Nov 5, 1931. Death is said

to have occurred on the date stated above, at 5A m.

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

Pneumonia Lobar  
Right side  
108 108

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Balls Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury No, 1931

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) F. F. Keller, M. D.

(Address) 7119 So. Broadway  
St. Louis

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A TELETYPE TRANSMITTAL

3000

7204 Pa  
Ri 07409

7119 So.isbury  
9 AM