

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

Do not use this space.

3183

1. PLACE OF DEATH

County St. Louis

Registration District No. 791

Township St. Louis

Primary Registration District No. 1003

City St. Louis (No. City)

File No. 842

Registered No. _____

St. _____ Ward)

2. FULL NAME

(a) Residence, No. 3312 W. 11th St. Ward. 16

(If nonresident, give city and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 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) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. abt 54 ? 9

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

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) (STATE OR COUNTRY) England

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Harold M. Kent

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedance Cem DATE 1-24-34

19. UNDERTAKER (ADDRESS) Edward Kochy & Co

20. FILED 1-14-34 J. J. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/19, 1934, to 1/22, 1934

I last saw him alive on 1/22, 1934. Death is said

to have occurred on the date stated above, at 6:30 m.

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

Abcess, pancreas multiple, pyogenic cholecystitis, chi pyogenic.

Other contributory causes of importance: hypertrophy prolate

Name of operation Yes Date of 1/20/34

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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? No

If so, specify At St. Louis City Hospital M. D.

(Signed) _____ (Address) City Hospital

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

FEB 27 1934

THE UNIVERSITY OF CHICAGO PRESS

1950

AM. C.

1950

St. Louis City

WASHINGTON 3183

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Wm Rasser
Who died at _____ on Jan 22 - 1931
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex m Color or race w Single, ~~married~~, ~~widowed~~ or ~~divorced~~: _____
Date of birth _____ Age: abt 54 Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Yk P

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) Alabama, Pontiac, multiple
Birthplace of father (State or country) Pennsylvania, Choleystitis ch
Birthplace of mother (State or country) Pennsylvania

Principal cause of death: operation performed for cancer of Gall bladder & Pancreas - primary in gall bladder

Other contributory causes of importance: Hyper trophy prostate - patient had gall stones also

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician _____
Address of physician _____

Signature of Registrar J. B. Beck Date filed 9-22-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 791 Very truly yours,
Primary Reg. Dist. No. 1003 E. T. McLaugh M.D.
Special Agent. g.c.

CONFIDENTIAL - SECURITY INFORMATION
This document contains information that is exempt from disclosure under the Freedom of Information Act, 5 U.S.C. 552, because its disclosure would be injurious to the national defense.

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