FEB 24 1936

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

Do not use this space.

2781

1. PLACE OF DEATH
County St Louis — Registration District No. 186 — File No. 6
Township — Primary Registration District No. 4469 — Registered No.
City Maplewood (No. 2423, Sutton Ave St. Ward)

2. FULL NAME Raymond George Shimel,
(a) Residence, No. 2423 Sutton St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Edna M. Shimel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 27. 1904

7. AGE: YEARS 31 — MONTHS 4 — DAYS 25 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Transmission Operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. A.T.T.
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): Casey Ill

FATHER
13. NAME: George F Shimel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

MOTHER
15. MAIDEN NAME: Belle Hendrickson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

17. INFORMANT (ADDRESS): Edna M Shimel, 2423 Sutton Ave Maplewood Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Casey Ill DATE Jan 26 1936

19. UNDERTAKER (ADDRESS): JAY B. Smith Funeral Home, 7456 Manchester Ave Maplewood Mo

20. FILED Feb 10, 1936 Pauline Breitenstein, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Wed. Jan. 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from JAN 21st, 1936, to JAN 22nd, 1936
I last saw him alive on JAN 22nd, 1936. Death is said to have occurred on the date stated above, at 11.00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
CEREBRAL THROMBOSIS FOLLOWING ACUTE MULTIPLE SINUSITIS, + ORBITAL ABSCESS RT.	JAN 19th 1936

Other contributory causes of importance:

Name of operation none 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? No
If so, specify
(Signed) Otto M Koch, M. D.
(Address) 719 Metropolitan Bldg St Louis Mo

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.

Dr. Otto Koch

[illegible]