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.

SEP 29 1936

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

Do not use this space.

32192

File No.
Registered No. 168

1. PLACE OF DEATH
County St. Louis
Township St. Ferdinand
City
Registration District No. 284
Primary Registration District No. 6030
(No. Missouri River - St. Louis County, Mo. St. Ward)

2. FULL NAME Raymond Tetrault
(a) Residence, No. 502 S. 6th Street St., Ward. St. Charles, Mo.
(Usual place of abode) (If nonresident, give city or town 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertha Johnson Tetrault

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 27 - 1904

7. AGE: Years 32 Months 4 Days 10 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Leroy N.D.

FATHER
13. NAME Patrick Tetrault
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leroy North Dakota

MOTHER
15. MAIDEN NAME Mary Dease
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leroy North Dakota

17. INFORMANT (ADDRESS) Aug. L. Diefenbach Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peter Cem. St. Charles Mo. DATE Aug 12 1936

19. UNDERTAKER (ADDRESS) Dallmeyer Und. Co. St. Charles, Mo.

20. FILED 8/10 1936 W. A. Zeitler Registrar.
Geo. E. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 7th 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Accidental drowning while employed for the Wood Bros. construction Co. gasoline ignited, two men were in the boat. For safety sake, leaped into river to get away from the

Other contributory causes of importance:

burning flames and swim to safety. The deceased gentleman was swept away by the current of the river.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

Coroner's view

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? OVER 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? 8/10/36
If so, specify .....
(Signed) Lukas Jamnowski, M. D.
(Address) 318 Jennings Rd.
St. Louis Co. Mo.

Was found in Missouri River, this happened in St.Charles on the St.Charles County side, and later 8/9 /1936 11 AM. was found on the St.Louis County side at Musick Ferry.

DEC 3 1957