

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.

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

4950
 Do not use this space.

REC'D MAR 14 1938

2
1

791

1003

1595

1. PLACE OF DEATH

(a) County..... Registration District No.....

(b) Township..... Primary Registration District No.....

(c) City of St. Louis (d) Street No. 2341 Menard Street Registered No. St.

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da. (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Molly Raymo 500

(a) Residence, No. 2341 Menard Street St. 23 (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 wife of Philip

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22, 1878

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<u>59</u>	<u>7</u>	<u>20</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as 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) Potosi Missouri

FATHER 13. NAME Joe Degonia

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

MOTHER 15. MAIDEN NAME Mary Lachance

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

17. INFORMANT (ADDRESS) Earl J. Brand 2722 S. 10th Street

18. BURIAL PLACE St. Matthews Cem. Feb. 15 1938

19. FUNERAL DIRECTOR (ADDRESS) W. M. McLaughlin 2301 Lafayette Avenue

20. FILED J. D. Brudick

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/12/38 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-9, 1937, to 2-12, 1938

I last saw her alive on 2-11, 1938. Death is said to have occurred on the date stated above, at 6:55 P.M.

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

Carcinoma of Gall bladder

Other contributory causes of importance: Hb C

Name of operation..... Date of.....

What test confirmed diagnosis? clinical Was there an autopsy? no

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) W. Jones M. D.

(Address) 3616 & Burdy

Date of onset ?

STATEMENT BY LICENSED EMBALMER

I, Wm McDonald, Licensed Embalmer No. 3806

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Wm McDonald

Licensed Embalmer No. 3806

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.)