REC'D JUN 9 1938

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

Do not use this space.

791
1003
16619

File No.
Registered No. 4480

1. PLACE OF DEATH
County St. Louis Children's Hosp. Registration District No.
Township Primary Registration District No.
City ST. LOUIS (No. CHILDRENS HOSPITAL, St. Ward)

2. FULL NAME Bernard Raffel 140
(a) Residence, No. 1618 Knapp St., 26 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 5 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 29, 1932

7. AGE: Years 5 | Months 4 | Days 15 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Child
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): St. Louis, Mo.

FATHER
13. NAME: Edward RAFFEL
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ST. LOUIS Missouri

MOTHER
15. MAIDEN NAME: Elizabeth Retkowski
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ST. LOUIS Missouri

17. INFORMANT (ADDRESS): B. Dayer, 500 So. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL
PLACE CALVARY DATE MAY 18TH, 1938

19. UNDERTAKER (ADDRESS): BROCKLAND UND. CO. 1827 HOGAN ST.

20. FILED MAY 16 1938 J. D. Budich Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1938, to May 14, 1938
I last saw him alive on May 11, 1938. Death is said to have occurred on the date stated above, at 6:05 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Aspiration (Bronchio Pneumonia)	5/13/38

Other contributory causes of importance: Multiple Neuritis

Name of operation Date of
What test confirmed diagnosis? Fluoroscopy 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?
If so, specify
(Signed) Ralph H. Barlow, M. D.
(Address) 500 S. Kingshighway

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.

I John B. Brockland License No 93.
Embalmed the Body of Bernard Raffel
Recorded on reversed side of this Certificate

John B. Brockland
License # 93.