

REC'D OCT 12 1938

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

30428
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1008**
(c) City **ST. LOUIS MO.** (d) Street No. **2642 CAROLINE ST.** St. **7865**
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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. ds.

2. PRINT FULL NAME

MARY V. McRAVEN **261**
(a) Residence, No. **2642 CAROLINE ST.** St. **22** (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 **GEO. F. McRAVEN SR.**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **NOV. 26 - 1869**
7. AGE YEARS **68** MONTHS **89** DAYS **9** If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. **HOUSEKEEPER**
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) **MISSOURI**

FATHER 13. NAME **W. M. HARGRAVE**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **MISSOURI**

MOTHER 15. MAIDEN NAME **CAROLINE CROW**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **MISSOURI**

17. INFORMANT (ADDRESS) **GEO. F. McRAVEN SR. 12642 CAROLINE ST.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **VALLALLA CEM.** DATE **SEPT. 6, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **E. J. Schmyr, 3125 E. Palmyra St.**

20. FILED **SEP - 3 1938** **J. B. Bradley** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **SEPT. 4 1938**

22. I HEREBY CERTIFY That I attended deceased from 1910, to **Sept. 4**, 19**38**

I last saw **her** alive on **Sept. 7**, 19**38**. Death is said to have occurred on the date stated above, at **2 A. M.**

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

Chronic pharyngitis **infants** Date of onset **1920**

Other contributory causes of importance: **Arteriosclerosis**

Name of operation **None** Date of What test confirmed diagnosis? **Clinical** 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

(Signed) **C. A. White**, M. D. (Address) **1114 Mrs. Theatre Bldg**

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.

STATEMENT BY LICENSED EMBALMER

I, John Ketter John Ketter, Licensed Embalmer No.

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

No. or by John Ketter, Registered Apprentice No.
working under my personal supervision.

Signed

Licensed Embalmer No. 3880

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.)