

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

30940
Do not use this space.

REC'D OCT 1 1938

1. PLACE OF DEATH
 (a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **of St. Louis** (d) Street No. **Lutheran Hospital** St.
 (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 **Raymond D. Filley, Sr.** *H.D.P.*
 (a) Residence, No. **2358 Tennessee Avenue** St. **17** (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 **Male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Husband of Edna**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 18, 1886**
 7. AGE YEARS **52** MONTHS **2** DAYS **5** IF LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Floor Service**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Sales Co.**
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) **Antwerp** (STATE OR COUNTRY) **Ohio**
 FATHER 13. NAME **William Filley**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **New York**
 MOTHER 15. MAIDEN NAME **Carrie Doering**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Antwerp Ohio**
 17. INFORMANT **Raymond Filley, Jr** (ADDRESS) **2358 Tennessee Ave**
 18. BURIAL PLACE **Sunset Burial** in **in** DATE **9/26/38**
 19. FUNERAL DIRECTOR **A. W. McLaughlin** (ADDRESS) **2301 Lafayette Ave**
 20. FILE NO. **SEP 26 1938** *J. J. Bredeck* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9/23/38** 19**38**
 22. I HEREBY CERTIFY, That I attended deceased from **July 28** to **Sept. 23**, 19**38**
 I last saw him alive on **9/23** 19**38** Death is said to have occurred on the date stated above, at **9:30 P.M.** m.
 The principal cause of death and related causes of importance were as follows:
Ruptured Gastric ulcer
 Other contributory causes of importance: **|||||**
 Name of operation Date of
 What test confirmed diagnosis? 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**38**
 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) **R. Berg** M. D.
 (Address) **2253 Newmarket Ave.**

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, L. R. Cooper, Licensed Embalmer No. 3633

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 L. R. Cooper

Licensed Embalmer No. 3633

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.)