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

REC'D NOV 18 1938

35205
Do not use this space.

Registered No. 1134

1. PLACE OF DEATH
(a) County Buchanan
(b) Township Washington
(c) City St. Joseph, (d) Street No. St. Joseph's 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 45 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 85
Primary Registration District No. 1001

2. PRINT FULL NAME William B. Raez.
(a) Residence, No. 2820 Douglas Street, St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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 Helen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 1, 1893

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
45	0	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Attorney
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) Nov. 7, 1938
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Joseph, (STATE OR COUNTRY) Missouri

FATHER
13. NAME Nicholas Raez,
14. BIRTHPLACE (CITY OR TOWN) Switzerland (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Maria Raz
16. BIRTHPLACE (CITY OR TOWN) Switzerland (STATE OR COUNTRY)

17. INFORMANT Helen Raez, (ADDRESS) 2820 Douglas St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE Nov. 15, 1938

19. FUNERAL DIRECTOR Fleeman & Son Inc. (ADDRESS) 1946 Colhoun St. Joseph, Mo.

20. FILED Nov 15, 1938 H. J. Nestlebush, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 12th, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-2-38, 19..., to 11-13-38, 19...
I last saw h. CM. alive on 11-13-, 19 38. Death is said to have occurred on the date stated above, at 1:55 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Strepto Coccic Tonsillitis	11-1-38
Strepto Coccic Pharyngitis	11-1-38
Peritonsillar Abscess	11-1-38

Other contributory causes of importance:

Diabetes mellitus	2

Name of operation Tracheotomy Date of 11-7-38
What test confirmed diagnosis? Laboratory 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 No.
(Signed) Francis J. Berry, M. D.
(Address) 311 Kirkpatrick Bldg.

(Licensed Embalmer's Statement on Reverse Side)

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 E. Rupp, Licensed Embalmer No. 3986

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 3986

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)