

APR 12 1939

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

791
1003

8801
Do not use this space.

1. PLACE OF DEATH

(a) County 3 Registration District No.
(b) Township 1 Primary Registrar District No. Registered No. 2566
(c) City St. Louis or (d) Street No. Emory St. City 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 250 CYRIL RAGEN

(a) Residence, No. 2627 Palm St. St. 20 (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 (write the word) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Camille Ragen
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/3/1904
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 1 14
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
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) Pa.

FATHER 13. NAME Peter J Ragen 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland 4

MOTHER 15. MAIDEN NAME Annie P Klade 2
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Mrs C Ragen
(ADDRESS) 2627 Palm St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cadway DATE 3/20 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Southward
6322 So Grand

20. FILED John Blodgett
Local Registrar

MAR 18 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-17-1939

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h. alive on 19..... Death is said to have occurred on the date stated above, at 8:30 AM h.
The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy

Other contributory causes of importance:
g 20

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.....
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) John Blodgett M.D.
(Address) St. Louis

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Frank Ludwig

....., Registered Apprentice No.

working under my personal supervision.

Signed *Frank Ludwig*

Licensed Embalmer No. *2504*

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.