

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 23 1943
318
Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 3555

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4390 Lindell Blvd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis Wellington
(If outside city or town limits, write "RURAL")

(d) Street No. 1329 Michael Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Raymond C. Cavender

3. (b) If veteran, name war _____

3. (c) Social Security No. 498-09-6620

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 28 1916
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>26</u>	<u>6</u>	<u>17</u>	hr. _____ min. _____

9. Birthplace Linn Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER

12. Name George Cavender

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Wilson

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Cavender

(b) Address 1329 Michael

17. (a) Burial (b) Date thereof 4/17/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Linn, Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Blvd.

19. (a) APR 18 1943 (b) S. J. Budek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15. 43
year 1943 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from 3-27-43
_____, 1943, to April 15, 1943,
that I last saw him alive on April 15, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary thrombosis

Due to Tonsillectomy
Non-diphtheritic

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature D. James Stuart (M. D. or D.D.S.)

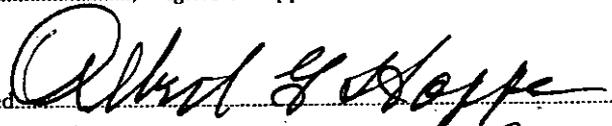
Address 4390-Lindell, St. Louis Date signed 4/17/43

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... .....

Licensed Embalmer No..... 2971.....

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, fact should be so stated above.