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FILED MAY 25 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16675

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4612

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
4221 Botanical Ave 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
In this community.....
years, months or days)

3: (a) PRINT FULL NAME William Jarvis Raymond

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Elizabeth Raymond 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased Feb 13, 1857
(Month) (Day) (Year)

AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>7</u>	<u>3</u>	hr. min.

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

10. Usual occupation Shoe Worker

11. Industry or business Shoe

12. Name John Raymond

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

14. Maiden name Shelton

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

16. (a) Informant Harris Raymond

(b) Address 4058 Wilburton Rd

17. (a) Burial (b) Date thereof May 19 1944
(Burial, cremation, or reinterment) (Month) (Day) (Year)

(c) Place: burial or cremation Rev St. Peter & Paul

18. (a) Signature of funeral director Chas. A. Pull

(b) Address 4457 Washington Bl

19. (a) MAY 18 1944 (Date received by registrar)
J. F. Brebeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 917
(If outside city or town limits, write "RURAL")

(d) Street No. 4221 Botanical Ave.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 16
year 1944 hour 6 minute 20 P. M.

21. I hereby certify that I attended the deceased from 5-12-44 1944 to May-16-44 1944
that I last saw him alive on 5-16-44 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
Due to 5 days

Due to Senility

Other conditions 107
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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 A. S. Priett (M. D. or other)
Address 6006 Va. Ave Date signed 5-18-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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..... *John Ketter*
Licensed Embalmer No. *3880*

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.