

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. \_\_\_\_\_

FILED NOV 30 1948

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. 9872

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:  
925 CATALPA PLACE  
(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 Mo. (b) County MO

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

(d) Street No. 925 CATALPA  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 11

3. (a) PRINT FULL NAME CORA RAYMOND

3. (b) If veteran, name war NO. 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 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 APRIL 21 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

84	6	28	hr. min.
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9. Birthplace St. Louis Mo. U  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK AT HOME

11. Industry or business \_\_\_\_\_

12. Name Geo. W. RAYMOND

13. Birthplace PENN 1  
(City, town, or county) (State or foreign country)

14. Maiden name MARY M. CASEY

15. Birthplace IRELAND 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond Dabson  
(b) Address 925 Catalpa

17. (a) Burial (b) Date thereof Nov 21 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen Kelly  
(b) Address 4386 Lindell

19. (a) NOV 20 1948 (b) J. F. Bradock  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 18 day 18  
year 1944 hour 4 minute P M.

21. I hereby certify that I attended the deceased from November 13 1944 to November 18 1944  
that I last saw her alive on November 18 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Due to Cardiac Hemorrhage 6 days  
Hypertension 10 yrs

Due to \_\_\_\_\_

Other conditions Chronic Myocarditis 10 yrs  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ PHYSICIAN \_\_\_\_\_

Of autopsy 92  
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? PS (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. F. Bradock (M. D. or other) \_\_\_\_\_  
Address Mo. No. Taylor Date signed 11/20/48

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

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**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 Clement McNeary

Licensed Embalmer No. 3733

P. O. Address St. Vincent

**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.**