

No. 2  
-12-45  
5-17-39  
I X47070

FILED APR 8 1947  
318

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

Primary Registration District No. 1003

Registrar's No. 3222

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

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

(c) Name of hospital or institution:  
Deaconess Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days  
(Specify whether \_\_\_\_\_)

In this community 11 days  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 9/6

(c) City or town Rural, Chesterfield, Mo. RR# 1  
(If outside city or town limits, write "RURAL")

(d) Street No. Chesterfield, Mo. RR# 1  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Eugene William Ravens

3. (b) If veteran, name war None

3. (c) Social Security No. 495-12-9001

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Elsie Ravens

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased October 11, 1911  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>35</u>	<u>5</u>	<u>15</u>	hr. min.

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

10. Usual occupation Painter & Paper Hanger

11. Industry or business Own industry

12. Name Fred Ravens

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

14. Maiden name Clara Kram

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

16. (a) Informant Mrs. Elsie Ravens

(b) Address Chesterfield, Mo. RR# 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/28/47  
(Month) (Day) (Year)

(c) Place: burial or cremation St. Paul Cem., Orville, Mo.

18. (a) Signature of funeral director Schrader Funeral Home  
Ballwin, Mo.

(b) Address \_\_\_\_\_

19. (a) MAR 26 1947 (b) J. Breded  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26, year 1947 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from February 5, 1947, to March 26, 1947;

that I last saw him alive on March 25, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure Duration 6 weeks

Due to Chronic valvular Heart Disease ?

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

Other conditions (Include pregnancy within 3 months of death) 97

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 G. R. Phiffer (M. D. another)

Address 624 North Grand St. St. Louis, Mo. Date signed 3-26-47

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

MOTHER FATHER

**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

*Geo. Schrader*

Licensed Embalmer No.

*3066*

P. O. Address

*Ballwin, Mo.*

**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.**