

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

27513

Registration District No. 818Primary Registration District No. 1008

Registrar's No.

6987

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town _____
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Enroute to Homer Phillips Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 1 Week
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME Raymond Bethel3. (b) If veteran,
name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race Col.6. (b) Name of husband or wife
Bertha Bethel6. (a) Single, widowed, married,
divorced Married6. (c) Age of husband or wife if
alive 56 years7. Birth date of deceased June 12 1888
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
60 1 26 hr. min.9. Birthplace Ohio
(City, town, or county) (State or foreign country)10. Usual occupation Stationary Engineer11. Industry or business B&O Railroad Co.12. Name Unknown13. Birthplace Unknown
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant Bertha Bethel(b) Address 2638 A. Franklin Ave.17. (a) Removal (b) Date thereof 8-12-48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Toledo, Ohio18. (a) Signature of funeral director Ellis Funeral Home(b) Address 2820 Stoddard St.19. (c) AUG 9 - 1948 (b) J. F. Bucke
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2638 A. Franklin Ave.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 7
year 48 hour 8:15 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Gunshot wound of skull and brain: self inflicted at the home of Mr. & Mrs. Grant, at 2638 Franklin Ave. on Aug. 7, 1948, at about 8:00 A.M. suicide, while suffering from temporary mental aberration.
 Duration of illness _____
 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.

Other conditions _____
(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) Suicide(b) Date of occurrence Aug. 7, 1948(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home (See above)While at work? No (Specify type of place) (e) Means of injury see above23. Signature [Signature] (M. D. or other)Address [Signature] Date signed 8/9/48

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..... *Fuller E Culkin*

Licensed Embalmer No. *4198*

P. O. Address..... *St Louis 13*

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.