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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED SEP 20 1948  
Registration District No. **318**

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
**1003**

State File No. **31369**  
Registrar's No. **8030**

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

1. PLACE OF DEATH:

(a) County.....**St. Louis, Missouri.**

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

(c) Name of hospital or institution:  
**St. Louis City Hospital—Max C. Starkloff**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....**0** (Specify whether years, months or days)

In this community.....**(Ralph James Rayhill.)**

3. (a) PRINT FULL NAME.....**RALPH RAYHILL**  
James

3. (b) If veteran, name war.....**W.W.II**

3. (c) Social Security No. ....**yes**

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife.....**Maxine Brand Rayhill.**

6. (c) Age of husband or wife if alive.....**31** years

7. Birth date of deceased **May 18 1916**  
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<b>32</b>	<b>3</b>	<b>25</b>	hr. _____ min.

9. Birthplace **Chicago, Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation.....**Service Representative,**

11. Industry or business.....**Chrysler Co.**

12. Name.....**Samuel Rayhill.**

13. Birthplace.....**Pana, Illinois**  
(City, town, or county) (State or foreign country)

14. Maiden name.....**Elizabeth O'Malley.**

15. Birthplace.....**Chicago, Illinois**  
(City, town, or county) (State or foreign country)

16. (a) Informant.....**Mrs. Maxine B. Rayhill.**

(b) Address.....**8704 Natural Bridge Rd.**

17. (a) **Burial** (b) Date thereof.....**Sept 15, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....**Zion Cemetery.**

18. (a) Signature of funeral director.....**C.R. Lupton & Sons.**

(b) Address.....**7233 Delmar Blvd.,**

19. (a) **SEP 14 1948** **J. F. Bradock**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State.....**Missouri** (b) County.....**St. Louis 46**

(c) City or town.....**Pine Lawn; County**  
(If outside city or town limits, write "RURAL")

(d) Street No.....**8704 Natural Bridge Road. /**  
**Memorial N.R.** (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day.....**13th**  
year.....**1948** hour.....**8** minute.....**15 A** M.

21. I hereby certify that I attended the deceased from.....**8/28/48**  
....., 19....., to.....**Sept. 13th 1948.**  
that I last saw him.....**in**.....**Sept. 13th 1948.**  
and that death occurred on the date and hour stated above.

Immediate cause of death.....**Brain Abscess**

Due to.....**Meningitis of Unknown type**

Due to.....

Other conditions.....**81**  
(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) (c) Means of injury.....

23. Signature.....**Robert J. Burke** (M.D. or other) **MD**  
Address.....**1315 Lafayette** Date signed.....**9/13/48**

(Licensed Embalmer's Statement on Reverse Side)

OCT 19 1949

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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

*Arnold W. Schoene*

Licensed Embalmer No.

*3864*

P. O. Address

*St. Louis, 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.**