FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 21 1949

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1005

State File No. 42695

Registrar's No. 11410

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

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: Enroute City Hospital (If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 3710 Olive St. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Raymond Bryan Oliver

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased March (Month) 20 (Day) 1907 (Year)

8. AGE: Years 41 Months 9 Days 7 If less than one day hr. min.

9. Birthplace Duncan (City, town, or county) Oklahoma (State or foreign country)

10. Usual occupation Unknown

11. Industry or business

FATHER 12. Name J. P. Oliver

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

MOTHER 14. Maiden name Mattie Marshall

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

16. (a) Informant Mrs. Maude Brown

(b) Address 2121 N.W. 11, Okla. City, Okla.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-30-48 (Month) (Day) (Year)

(c) Place: burial or cremation Oklahoma City, Okla.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 "ashington Blvd.

19. (a) DEC 3 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27 year 1948 hour 12 minute 55 P.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia — Duration

Due to 108

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 490

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Patrick E. Taylor (M. D. or other)

Address 1300 Clark Date signed 12-29-48

(Licensed Embalmer's Statement on Reverse Side)

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 Robert M Murray

Licensed Embalmer No. 3749

P. O. Address St. Louis, M

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

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