S. No. 300
10.48

FILED OCT 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32460

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2002 Registrar's No. 3023

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): UNIVERSITY CITY
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7206 PERSHING AVE

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): UNIVERSITY CITY
d. STREET ADDRESS (If rural, give location): 7206 PERSHING AVE;

3. NAME OF DECEASED (Type or Print)
a. (First): JULIUS
b. (Middle): EDWIN
c. (Last): RAITH.

4. DATE OF DEATH (Month) (Day) (Year): SEPT. 17, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married.
8. DATE OF BIRTH: Jan'y 12, 1890.
9. AGE (In years last birthday): 59. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Produce Merchant.
10b. KIND OF BUSINESS OR INDUSTRY: Raith Bros. Produce CO.
11. BIRTHPLACE (State or foreign country): Highland, Illinois.
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Edwin Julius Raith.
13b. MOTHER'S MAIDEN NAME: Elise Ruegger.
14. NAME OF HUSBAND OR WIFE: Mrs Rae H. Raith.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): W. W. # I.
16. SOCIAL SECURITY NO.: 490-01-6970.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs Rae H. Raith, 7206 Pershing Ave.,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Metastatic adeno-carcinoma of rectum -
INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 154X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 154X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/14/49, 19___, *to* 9/17/49, 19___, *that I last saw the deceased alive on* 9/15/49, 19___, *and that death occurred at* 1:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Warren J Marston M.D.
23b. ADDRESS: 607 N Grand
23c. DATE SIGNED: 9/17/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal..
24b. DATE: 9/19/49.
24c. NAME OF CEMETERY OR CREMATORY: Highland Cemetery..
24d. LOCATION (City, town, or county) (State): Highland, Illinois.

DATE REC'D BY LOCAL REG.: 9-19-49
REGISTRAR'S SIGNATURE: Herbert C. Dawley M.D. Hon
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: C.R.Lupton & Sons;7233 Delmar Blvd.,

(Licensed Embalmer's Statement on Reverse Side)

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

UC-34

Dr Warren G. Marston.
University Club Bldg.,
JE: 7675.
Hrs: 1 - 4.

VS FEB 24 1961

OCT 6 1949

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 ....., Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

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.