

FILED JAN 26 1950

THE DIVISION OF HEALTH OF MISSISSIPPI
STANDARD CERTIFICATE OF DEATH

2025

State File No. _____

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 028

20079

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY	
b. CITY OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (In this place) <u>2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1000 Mississippi Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital</u>		3. NAME OF DECEASED (Type or Print) a. (First) <u>HERMAN</u> b. (Middle) <u>RAY</u> c. (Last) <u>RASPBERRY</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 9 - 1950</u>		5. SEX <u>M</u>	
6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	
8. DATE OF BIRTH <u>MAY 28 - 1894</u>		9. AGE (In years last birthday) <u>55</u> If under 1 year: Months _____ Days _____ If under 1 mth: Hours _____ Mth. _____	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>CHAMPANE MFG</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GRINDER</u>	
11. BIRTHPLACE (State or foreign country) <u>Ky</u>		12. CITIZEN OF WHAT COUNTRY? <u>1</u>	
13a. FATHER'S NAME <u>ROUAM RASPBERRY</u>		13b. MOTHER'S MAIDEN NAME <u>ADA ALTON</u>	
14. NAME OF HUSBAND OR WIFE <u>NONE</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>374-07-4033</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert Packburn</u> ADDRESS <u>1000 Mississippi Ave.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fr of skull; Subdural Hematoma; Time, place, Cause and Manner of same</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>could not be ascertained</u> DUE TO (c) <u>Accident</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE OR HOMICIDE (Specify) <u>Accident</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>St. Louis</u> (STATE) <u>Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>416</u>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>457A</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Patrick E. Taylor-Carner</u>		23b. ADDRESS <u>1300 Clark</u>	
23c. DATE SIGNED <u>19 50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>	
24b. DATE <u>1-9-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hazel</u>	
24d. LOCATION (City, town, or county) (State) <u>Hazel, Ky</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Cy Miller</u> ADDRESS <u>Hazel, Ky</u>	
DATE REC'D BY LOCAL REG. <u>JAN 9 1950</u>		REGISTRAR'S SIGNATURE <u>J. G. Casater</u>	

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.

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.