

FILED OCT 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35600

| | | | | | | | |
|--|--|--|---|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>317</u> | | PRIMARY REG. DIST. NO. <u>3069</u> | | Registrar's No. <u>2256</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Saint Louis.</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u> | | c. LENGTH OF STAY (in this place) <u>5 1/2 Weeks</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Louis</u> | | <u>2249</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saint Marys Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>3574 S. Broadway</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret</u> | | b. (Middle) <u>H.</u> | | c. (Last) <u>Raso</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>September 19th, 1950</u> | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>April 4th, 1918</u> | |
| 9. AGE (In years last birthday) <u>32</u> | | IF UNDER 1 YEAR Months <u>5</u> Days <u>15</u> | | IF UNDER 1 HR. Hours <u></u> Min. <u></u> | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u> | | 11. BIRTHPLACE (State or foreign country) <u>St. Louis County, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Charles Schleuter</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Laura Fetter</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Paul Raso, Jr.</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Paul Raso, Jr., #3574 S. Broadway</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>Longest in Heart failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Myocardial Stearosis</u> <u>Rheumatic Nodules</u> 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. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 Mo.</u> <u>?</u> <u>?</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 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) <u>410X</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? _____ | | | |
| 22. I hereby certify that I attended the deceased from <u>Aug 30, 1950</u> to <u>Sep 19, 1950</u> , that I last saw the deceased alive on <u>Sep 17, 1950</u> , and that death occurred at <u>10:00A</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>James B. Phillips M.D.</u> | | | | 23b. ADDRESS <u>1634 N. Grand</u> | | | |
| 23c. DATE SIGNED <u>9-21-50</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>9/22/50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Friedens Cemetery</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u> | | DATE REC'D BY LOCAL REG. <u>9-22-50</u> | | REGISTRAR'S SIGNATURE <u>Herbert R. Somke M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Calvin F. Feutz, 4828 Natural Bridge Blvd.</u> | |

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

Room: 543
Dr. James B. Stubbins
Je. 1676

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 Ralph C. Lindner
Licensed Embalmer No. 4275

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.