No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40173

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3610

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

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wellston
c. LENGTH OF STAY (in this place) 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 6314 Page Blvd.

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) 29 Wellston City 4291
d. STREET ADDRESS (If rural, give location) 6314 Page Blvd.

3. NAME OF DECEASED (Type or Print)
a. (First) Robert
b. (Middle) H.
c. (Last) Raney

4. DATE OF DEATH (Month) Nov. (Day) 2, (Year) 1951

5. SEX male D
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH July 4, 1898
9. AGE (In years last birthday) 53 — 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) Retired Salesman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington, Indiana.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Wm. Raney
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE Mrs. Myrtle D. Raney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME Mrs. Myrtle L. Raney 6314 Page Blvd. ADDRESS

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) Uremia — INTERVAL BETWEEN ONSET AND DEATH: Weeks

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

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Bronchial Asthma — Years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 446X
20. AUTOPSY? YES [X] 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* July 1, 1951, *to* Nov. 2, 1951, *that I last saw the deceased alive on* Nov. 2, 1951, *and that death occurred at* 7:12P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Frank E. Trobaugh, Jr. M.D. D
Frank E. TROBAUGH, Jr. M.D.
23b. ADDRESS 4952 Maryland Ave., St. Louis, Mo.
23c. DATE SIGNED Nov2, 51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11-6-51.
24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery
24d. LOCATION (City, town, or county) (State) Wellston, Missouri.

DATE REC'D BY LOCAL REG. 11-5-51
REGISTRAR'S SIGNATURE Herbert R. Domke, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc. **ADDRESS** 2161 E. Fair Ave.

(Licensed Embalmer's Statement on Reverse Side)

VS JUL 8 1959

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 Wilford H Burnley

Licensed Embalmer No. 4202

P. O. Address [illegible]

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

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