

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3226

State File No.

FILED FEB 14 1952

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 0723

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 0723	
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 (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		20770	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Pac. Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>4854 A. Farlin Ave</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>P.</u>		c. (Last) <u>Raney</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 23 52</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 30 1901</u>		9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months Days <u>11 23</u>	IF UNDER 24 HRS. Hours Min. <u>11 23</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sect & Leas B. A.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>R. E.</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>John Raney</u>			13b. MOTHER'S MAIDEN NAME <u>Winford Monahan</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs Vera Raney</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Vera Raney 4854 A Farlin</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>Acute congestive heart failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 weeks</u>
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Multiple pulmonary infarct</u>			<u>3 1/2 weeks</u>
				DUE TO (c) _____			
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4341</u>				20. AUTOPSY? YES <input checked="" 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>11</u>			
22. I hereby certify that I attended the deceased from <u>Dec. 30, 1951, to Jan. 23, 1952</u> ; that I last saw the deceased alive on <u>Jan 22, 1952</u> ; and that death occurred at <u>8:25 AM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. R. Sheridan M.D.</u>				23b. ADDRESS <u>1755 So. Grand Blvd</u>		23c. DATE SIGNED <u>1-23-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-26-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Culinary</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Mo.</u>	
DATE REC'D BY LOCAL REG. <u>JAN 23 1952</u>		REGISTRAR'S SIGNATURE <u>Earl Smith</u>		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>William 2849 Euclid</u>			

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

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 _____

.....
working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed

Robert L. Brinkman

Licensed Embalmer No.

3553

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.