

FILED APR 4 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11380  
State File No. \_\_\_\_\_  
2952  
Registrar's No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <b>MISSOURI</b> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. LENGTH OF STAY (in this place) <b>10 DAYS</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		2709
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>20 3525 N. 22<sup>ND</sup> ST</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>RAYMOND</b> b. (Middle) _____ c. (Last) <b>CLICK</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 18, 1953</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>OCT. 23 1912</b>	9. AGE (In years last birthday) <b>40</b>	10. MONTHS <b>40</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CHAUFFEUR</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HAMM DRAYAGE</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? _____
13a. FATHER'S NAME <b>FRANK CLICK</b>		13b. MOTHER'S MAIDEN NAME <b>HATTIE CONRAD</b>	14. NAME OF HUSBAND OR WIFE <b>LAURA CLICK</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b> (If yes, give war or dates of service) <b>WAR II</b>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>LAURA CLICK</b> ADDRESS <b>3525 N. 22<sup>ND</sup> ST</b>		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Posterior Myocardial Infarction, Old &amp; Recent.</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH _____
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) _____		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 _____ <b>4201</b>			
22. I hereby certify that I attended the deceased from <b>3-9-53</b> , 19____, to <b>3-18-53</b> , 19____, that I last saw the deceased alive on <b>3-18-53</b> , 19____, and that death occurred at <b>2:03A m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Edward P. Ghyser M.D.</b>			23b. ADDRESS <b>1515 Lafayette Avenue</b>		23c. DATE SIGNED <b>3-18-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>MAR. 20 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>NATIONAL CEM.</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>MAR 18 1953</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Carl Smith MD House 2906 Georgia</b>			

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Leo J. Budde  
Licensed Embalmer No. 3989

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.