

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19794

State File No.

5300

FILED JUN 10 1953

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

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

1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, write RURAL and give townships) OR TOWN St. Louis c. LENGTH OF STAY (If this place) 9 mos. 5 days d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmary		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 2139 5800 Arsenal St.										
3. NAME OF DECEASED (Type or Print) Charles William Razor a. (First) Charles b. (Middle) William c. (Last) Razor		4. DATE OF DEATH (Month) (Day) (Year) May 26, 1953										
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH April 28 1887	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR (Months) 0	IF UNDER 1 YEAR (Days) 28	IF UNDER 1 HRS. (Hours) 	IF UNDER 1 HRS. (Min.) 				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Telephone Co.		11. BIRTHPLACE (City and State or Foreign Country) Hannibal, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.						
13a. FATHER'S NAME William Razor			13b. MOTHER'S MAIDEN NAME Catherine Huffer			14. NAME OF HUSBAND OR WIFE Olivia Wittmann Razor						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of service) yes World War #1			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Olivia Razor 4354 Chippewa St.						
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) Arteriosclerotic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 years					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200	
22. I hereby certify that I attended the deceased from Aug. 21, 1952 to May 26, 1953, that I last saw the deceased alive on May 26, 1953 and that death occurred at 9:45A m., from the causes and on the date stated above.												
23a. SIGNATURE (Degree of title) George Esker, M.D.					23b. ADDRESS 5800 Arsenal		23c. DATE SIGNED 5/26/53					
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May 29 1953		24c. NAME OF CEMETERY OR CREMATORY Hiram Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.						
DATE REC'D BY LOCAL REG. MAY 27 1953		REGISTRAR'S SIGNATURE J. Earl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.L. Ziegenhein & Sons 7027 Gravois							

E.P. (Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 3877

P. O. Address 7027 Beau

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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