

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 28 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1289

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| 1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis,</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR <u>TOWN RICHMOND HEIGHTS</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR <u>TOWN Richmond Heights</u> <u>4505</u> | |
| c. LENGTH OF STAY (In this place) <u>1 day</u> | | d. STREET ADDRESS (If rural, give location) <u>1061 Terrace Drive</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>ST. MARYS HOSPITAL</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>HORACE</u> | b. (Middle) <u>STAFFORD</u> | c. (Last) <u>RAWDON.</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 7, 1953</u> |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>May 29, 1908</u> | 9. AGE (In years last birthday) <u>44</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 2 HRS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Executive</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Waronadet Foundry Co.</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Charles Rawdon</u> | 13b. MOTHER'S MAIDEN NAME <u>Ruth McLean</u> | 14. NAME OF HUSBAND OR WIFE <u>Mary Parker Rawdon.</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>497-18-5042</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mary Rawdon</u> | ADDRESS <u>Mosley Road, Creve Coeur, Mo.</u> |
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| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Mortbid 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. _____ | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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>4201</u> |
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| 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? _____ |
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22. I hereby certify that I attended the deceased from 5/4, 1953 to 5/7, 1953, that I last saw the deceased alive on 5/7, 1953, and that death occurred at 8:45A m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Dr. H. R. Domb...</u> | 23b. ADDRESS <u>4161 Kunder...</u> | 23c. DATE SIGNED <u>5/7/53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>5-9-1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>5-8-53</u> | REGISTRAR'S SIGNATURE <u>H. R. Domb...</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>DC. R. Lupton & Sons</u> | ADDRESS <u>7233 Delmar Blvd.,</u> |
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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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.