

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

44491

FILED JAN 5 1954

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11963

1. PLACE OF DEATH a. COUNTY -----		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN Belleville	
c. LENGTH OF STAY (In this place) 6 hours		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 100 MOTT ST. LOUIS STEEL CASTING		e. STREET ADDRESS (If rural, give location) 6010 W. Main 8120	
3. NAME OF DECEASED (Type or Print) a. (First) Raymond b. (Middle) A c. (Last) St. Eve		4. DATE OF DEATH Dec. 19, 1953 (Month) (Day) (Year)	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug 3, 1902
9. AGE (In years) IF UNDER 1 YEAR last birthday Months Days Hours Min. 51		11. BIRTHPLACE (City and State or Foreign Country) Illinois	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Metal polisher		10b. KIND OF BUSINESS OR INDUSTRY Steel Casting Co	
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Edward St. Eve		13b. MOTHER'S MAIDEN NAME Eva Leidenheimer	
14. NAME OF HUSBAND OR WIFE Loretta Birnstiel			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None NOT AVAILABLE		16. SOCIAL SECURITY NO. NOT AVAILABLE	
17. INFORMANT'S SIGNATURE OR NAME Mrs Loretta St. Eve		ADDRESS Belleville, Ill.	
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) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion DUE TO (c) Arterio Sclerosis 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	
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? 4201			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:40 A.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Walter P. Renner, M.D.		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 12/19/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-19-53	
24c. NAME OF CEMETERY OR CREMATORY Greenmount-Carmel		24d. LOCATION (City, town, or county) (State) Belleville, Ill.	
DATE REC'D BY LOCAL REG. DEC 19 1953		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Geo. Renner		ADDRESS Belleville, Ill.	

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

S.R. (Licensed Embalmer's Statement on Reverse Side) Geo. Renner

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 Not embalmed!, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... ,
Licensed Embalmer No. 23114

P. O. Address .. Belleville, Ill.

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.