

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **44772**

FILED JAN 14 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3372

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St Louis</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>So. Affton</u> c. LENGTH OF STAY (In this place) <u>5 Years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt 14 Box 2350 Little Dr</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St Louis</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>So. Affton</u> <u>4000</u> d. STREET ADDRESS (If rural, give location) <u>Rt 14 Box 2350 (Little r)</u>	
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<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Raymond</u> b. (Middle) <u>Charles</u> c. (Last) <u>Little</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Dec 30 1953</u>
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<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>Jan. 23rd 1911</u>	<b>9. AGE</b> (In years last birthday) <u>42</u> # UNDER 1 YEAR: Months <u>11</u> Days <u>7</u> # UNDER 1 MIN. Hours <u> </u> Min. <u> </u>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Auto Mechanic</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Auto. Industry</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>St Louis, Mo.</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
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<b>13a. FATHER'S NAME</b> <u>Henry C Litte</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Emiley Richard</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Helen Little</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or date of service) <u>Yes</u>	<b>16. SOCIAL SECURITY NO.</b> <u>World War NO. 500-18-3944</u>	<b>17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS</b> <u>Mrs Helen Little: So Affton, Mo. Rt 14 Box 2350</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>unknown natural cause</u> 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 <u>unk</u>
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<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>7955</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**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 \_\_\_\_\_ m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Name or title) <u>Herbert R. Dombke, M.D., Local Registrar</u>	<b>23b. ADDRESS</b> <u>651 S. Brentwood Blvd.</u>	<b>23c. DATE SIGNED</b> <u>1-8-54</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>Jan. 4th 54</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>St Lucas Cem.</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Sappington, Mo.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>1-2-54</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Herbert R. Dombke, M.D.</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS</b> <u>Fey Funeral Home Inc 4100 E Highway Ferry Road</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

*Albert Masfield*

Licensed Embalmer No. *13077*

P. O. Address *St. Louis Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

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