

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21126**  
Registrar's No. **5158**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>2209</b> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis 3</b>       |  | c. LENGTH OF STAY (In this place) <b>Life</b>   | c. CITY OR TOWN <b>St. Louis</b> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>0</b> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1308 N. Kingshighway Blvd., (Enroute to City Hospital)</b> |  | e. STREET ADDRESS (If rural, give location) <b>220 2227 Warren Street, 7,</b>   |   |

|                                     |                           |                       |                         |   |
|-------------------------------------|---------------------------|-----------------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <b>ROLLAND</b> | b. (Middle) <b>P.</b> | c. (Last) <b>RAEDER</b> | 4. DATE OF DEATH (Month) (Day) (Year) <b>June 8th, 1954</b> |
|-------------------------------------|---------------------------|-----------------------|-------------------------|---|

|                      |                               |   |  |   |                       |                      |                      |
|----------------------|-------------------------------|---|--|---|-----------------------|----------------------|----------------------|
| 5. SEX <b>Male 0</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> | 8. DATE OF BIRTH <b>August 9th, 1888</b> | 9. AGE (In years last birthday) <b>65</b> | # UNDER 1 YEAR Months | # UNDER 2 HRS. Hours | # UNDER 15 MIN. Min. |
|----------------------|-------------------------------|---|--|---|-----------------------|----------------------|----------------------|

|  |  |   |   |
|--|--|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Deputy Assessor</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>City of St. Louis</b> | 11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri 0</b> | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b> |
|--|--|---|---|

|   |   |   |
|---|---|---|
| 13a. FATHER'S NAME <b>Oscar W. Raeder</b> | 13b. MOTHER'S MAIDEN NAME <b>Augusta Wetzel</b> | 14. NAME OF HUSBAND OR WIFE <b>Florence Raeder nee Weiler</b> |
|---|---|---|

|   |  |   |         |
|---|--|---|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War # 1</b> | 16. SOCIAL SECURITY NO. <b>Unknown</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Florence Raeder, 2227 Warren Street, 7,</b> | ADDRESS |
|---|--|---|---------|

|   |  |  |                                  |
|---|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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)<br><br>ANTECEDENT CAUSES<br><i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i><br><b>Cerebral Thrombosis</b><br>DUE TO (b)<br><br>DUE TO (c) |  | INTERVAL BETWEEN ONSET AND DEATH |
| II. OTHER SIGNIFICANT CONDITIONS<br><i>Conditions contributing to the death but not related to the disease or condition causing death.</i>  |  |  |                                  |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 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 checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <b>4201</b> |
|--|---|--|

22. I hereby certify that I attended the deceased from **2**, 19**54**, to **19**, 19**54**, that I last saw the deceased alive on **19**, 19**54**, and that death occurred at **9:05A** m., from the causes and on the date stated above.

|  |                                |                                 |
|--|--------------------------------|---------------------------------|
| 23a. SIGNATURE <b>Patrick F. Taylor Casner</b> (Degree or title) | 23b. ADDRESS <b>1300 Clark</b> | 23c. DATE SIGNED <b>6.9.54.</b> |
|--|--------------------------------|---------------------------------|

|   |                          |   |  |
|---|--------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>6/11/54</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Friedens Cemetery</b> | 24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b> |
|---|--------------------------|---|--|

|  |  |  |
|--|--|--|
| DATE REC'D BY LOCAL REG. <b>JUN 9 1954</b> | REGISTRAR'S SIGNATURE <b>J. Cash Smith</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>CALVIN F. FEUTZ</b> ADDRESS <b>4828 Natural Bridge Blvd., St. Louis, 15, Mo.</b> |
|--|--|--|

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..... Signature of Student Embalmer

Signed..... *Reph C. Linders*

Licensed Embalmer No. 427

P. O. Address... *St. Louis*

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.