

FILED DEC 16 1954

STANDARD CERTIFICATE OF DEATH

State File No. 42725

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10786

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		a. STATE Missouri	
c. LENGTH OF STAY (In this place)		b. COUNTY Jefferson	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital		c. CITY OR TOWN Festus	
		e. STREET ADDRESS (If rural, give location) 112 No. 2nd. St.	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Matthew			b. (Middle) R.		
c. (Last) Raidt			Nov. 25, 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 16, 1889	9. AGE (In years last birthday) 65	10. IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rep. Oil Co. Retired Oil Co.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) East Prairie, Mo.	
13a. FATHER'S NAME Thomas Raidt			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Lola Raidt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. Nil.		17. INFORMANT'S SIGNATURE OR NAME Lola Raidt, Festus, Missouri.	
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Sudden
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral embolism		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) auricular flutter DUE TO (c) that person		
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. PLACE OF INJURY (Specify) SUICIDE HOMICIDE		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4343	

22. I hereby certify that I attended the deceased from Nov 22, 1954 to Nov 25, 1954, that I last saw the deceased alive on Nov 25, 1954 and that death occurred at 12:15 PM, from the causes and on the date stated above.

23a. SIGNATURE M. Knebelman M.D.		23b. ADDRESS 3409 Union		23c. DATE SIGNED 11-26-54	
24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE 11-26-54		24c. NAME OF CEMETERY OR CREMATORY Methodist Cemetery	
				24d. LOCATION (City, town, or county) (State) Festus, Missouri.	

DATE REC'D BY LOCAL REG. NOV 26 1954		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Vinyard Fun. Home, Festus, Missouri.	
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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, ~~on~~ by ..... Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Edward H. Rimeley*.....

Licensed Embalmer No. *428*.....

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.