

FILED NOV 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38082**
Registrar's No. **9599**

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 38082		Registrar's No. 9599	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis			c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION CITY HOSP.				e. STREET ADDRESS (If rural, give location) 19 4040 Olive					
3. NAME OF DECEASED (Type or Print) a. (First) Raymond			b. (Middle) O.		c. (Last) Calloway		4. DATE OF DEATH (Month) (Day) (Year) NOV 2 55		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Unknown		9. AGE (In years last birthday) 77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown			10b. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (City and State or Foreign Country) Kentucky			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Amelia			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown			16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME Don Drye, Sr. ADDRESS Lebanon, Kentucky				
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) Hemiparesis of Scalp; Arterio sclerotic Heart Disease; suffered in fall at the north east corner of Broadway and Chippewa. DUE TO (b) Stroke DUE TO (c) Stroke II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Stroke Nov 1, 1955 exact time unknown						INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION unknown				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOME (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, public bldg., etc.) Street		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) St Louis MO		21d. STATE (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 1 55 3 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? F903.5					
22. I hereby certify that I attended the deceased from 19 1944 to 19 1955 , that I last saw the deceased alive on Nov 1, 1955 , and that death occurred at 750 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) James E. Drye, Sr.				23b. ADDRESS 1300 Olive Ave			23c. DATE SIGNED 11/4/55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/4/55		24c. NAME OF CEMETERY OR CREMATORY St Mathew Cemetery		24d. LOCATION (City, town, or county) (State) St Louis Mo			
DATE REC'D BY LOCAL REG. NOV 4 1955		REGISTRAR'S SIGNATURE Paul Smith MO			25. FUNERAL DIRECTOR'S SIGNATURE J L Ziegenhein & Sons ADDRESS 7027 Gravois				

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 *Robert M. Murray*.....
3749

Licensed Embalmer No.....

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

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.