

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22434**

FILED JUL 2 1956

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **1514**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RIVERVIEW GARDENS		c. CITY OR TOWN RIVERVIEW GARDENS	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 43yrs		e. STREET ADDRESS (If rural, give location) 360 SCENIC DRIVE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 360 SCENIC DRIVE			

3. NAME OF DECEASED (Type or Print) a. (First) RICHARD	b. (Middle) C.	c. (Last) RAY	4. DATE OF DEATH (Month) (Day) (Year) JUNE 20 1956
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5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED	8. DATE OF BIRTH FEB. 27, 1884	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED P.R. OILER	10b. KIND OF BUSINESS OR INDUSTRY M.K. & T. RAILROAD	11. BIRTHPLACE (City and State or Foreign Country) BOLIVAR TENNESSEE	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME SAMUEL RAY	13b. MOTHER'S MAIDEN NAME MARY THOMAS	14. NAME OF HUSBAND OR WIFE LUNA D. RAY
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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. NONE	17. INFORMANT'S SIGNATURE OR NAME LUNA D. RAY ADDRESS 360 SCENIC DR ST. LOUIS MO 63115
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adel. Carcinomatosis		20mo
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Rectum DUE TO (c) _____		2yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Extension to Bladder with Hematuria 1/2yr.	

19a. DATE OF OPERATION Sep 29, 1954	19b. MAJOR FINDINGS OF OPERATION Carcinoma of Rectum 154x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **SEP 19, 1954**, to **JUNE 20, 1956**, that I last saw the deceased alive on **JUNE 17, 1956**, and that death occurred at **6:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Francis J. Jones M.D.	23b. ADDRESS 9903 Diamond Dr., St. Louis 15, Mo.	23c. DATE SIGNED 6/20/56
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) REMOVAL	24b. DATE JUNE 22, 1956	24c. NAME OF CEMETERY OR CREMATORY FRIEDENS CEM.	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO
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DATE REC'D BY LOCAL REG. 6-21-56	REGISTRAR'S SIGNATURE Richard K. Rumbolt	FUNERAL DIRECTOR'S SIGNATURE Walter J. Ludwig	ADDRESS 3934 N. 20 ST.
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(Licensed Embalmer or Undertaker on Reverse Side)

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 *Gustav W. Dietrich*

Licensed Embalmer No. *432*

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.