

FILED DEC 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43231**  
Registrar's No. **11355**

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		REGISTRAR'S NO. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write "RURAL" and give township) <u>St. Louis Mo.</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>St. Louis</u>		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 <u>3 No. 9th St. 257 E. No. 9th St.</u>				e. STREET ADDRESS (If rural, give location) <u>St. Louis</u>					
3. NAME OF DECEASED (Type or Print) <u>Michael Rayko</u>			a. (First) _____	b. (Middle) <u>M</u>	c. (Last) <u>Mike Hurt</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11 15 56</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>1888</u>			
9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Widow</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Widow</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Widow</u>		12. CITIZEN OF WHAT COUNTRY? <u>unk.</u>		
13a. FATHER'S NAME <u>Widow</u>			13b. MOTHER'S MAIDEN NAME <u>Widow</u>		14. NAME OF HUSBAND OR WIFE <u>Widow</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state branch of service) <u>Widow</u>		16. SOCIAL SECURITY NO. <u>Widow</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J. E. Clark Jr. 1200 Clark</u>					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerotic Heart Condition</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio Sclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>420.0</u>				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 type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
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.									
23a. SIGNATURE <u>Joseph M. Smith</u> (Degree or title) <u>Deputy Registrar</u>				23b. ADDRESS <u>St. Louis</u>		23c. DATE SIGNED <u>12/5/56</u>			
24a. BURIAL CREMATION, REMOVAL (Specify) _____		24b. DATE <u>12-31-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>DEC 11 1956</u>		REGISTRAR'S SIGNATURE <u>Joseph M. Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rowland-Aker Mortuary Service 4104 Manchester Ave. St. Louis 10, Mo.</u>					

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.