

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44382**
Registrar's No. **2969**

FILED JAN 7 1957

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Manchester		c. CITY (If outside corporate limits, write RURAL and give township) Hillsdale 4161	
c. LENGTH OF STAY (In this place) 1 Day		d. STREET ADDRESS (If rural, give location) 2131 Oakdale Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Manchester Nursing Home			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			
a. (First) Mary	b. (Middle)	c. (Last) Raidt	(Month) 12	(Day) 14	(Year) 56	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 10-15-1874	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY at Home		11. BIRTHPLACE (State or foreign country) Ohio		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Ben Lechner	13b. MOTHER'S MAIDEN NAME Unk.	14. NAME OF HUSBAND OR WIFE Henry Raidt Dec.
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 ADDRESS Elmer Raidt 2131 Oakdale Ave.

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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHRONIC MYOCARDITIS		INTERVAL BETWEEN ONSET AND DEATH ? ?
	ANTECEDENT CAUSES DUE TO (b) ARTERIOSCLEROSIS		
	DUE TO (c) SENILITY		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE			

19a. DATE OF OPERATION NONE	19b. MAJOR FINDINGS OF OPERATION 4221	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE	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? -

22. I hereby certify that I attended the deceased from **12-13, 1956**, to **DEC. 14, 1956**, that I last saw the deceased alive on **DEC. 14, 1956**, and that death occurred at **10:25A m.**, from the causes and on the date stated above.

23a. SIGNATURE B. R. Loving, M.D.	23b. ADDRESS BALLWIN, Mo.	23c. DATE SIGNED 12-14-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12-17-56	24c. NAME OF CEMETERY OR CREMATORY S.S. Peter & Paul Cem
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		

DATE REC'D BY LOCAL REG. 12-17-56	REGISTRAR'S SIGNATURE Herbert A. Donaldson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. W. Clark Funeral Home Hodiament
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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, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Alfred J. Baedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hildreth

Signed
Student Embalmer

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 this body is not embalmed, fact should be so stated above.