

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19136

State File No.

FILED MAY 27 1957

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4596

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, Mo</u>		c. CITY OR TOWN <u>St. Louis,</u>	
c. LENGTH OF STAY (in this place) <u>28 days</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>4/ Frisco Employes Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>2370 7127 Lindenwood Place</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Raymond</u> b. (Middle) <u>R.</u> c. (Last) <u>Oliver</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5 12 57</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>April 20, 1892</u>		9. AGE (In years last birthday) <u>65</u>		10. 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>Loco Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rwy</u>		11. BIRTHPLACE (City and State or Foreign Country) / <u>Effingham, Ill.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>John H. Oliver</u>		13b. MOTHER'S MAIDEN NAME <u>Mary I. Sprinkle</u>		14. NAME OF HUSBAND OR WIFE <u>Faith Oliver</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Faith Oliver 7127 Lindenwood Pl.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Lung with Metastases</u>			INTERVAL BETWEEN ONSET AND DEATH <u>11 mos</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>163x</u>				

19a. DATE OF OPERATION <u>2/5/57</u>		19b. MAJOR FINDINGS OF OPERATION <u>Lobotomy</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 June 4, 1956, to May 12, 1957, that I last saw the deceased alive on May 12, 1957 and that death occurred at 1:20 P m., from the causes and on the date stated above.

23a. SIGNATURE (In full name) <u>Charles H. Helle</u>		23b. ADDRESS <u>4960 Laclede Avenue St. Louis</u>		23c. DATE SIGNED <u>5/13/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>May 15, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Co., Mo.</u>					

DATE REC'D BY LOCAL REG. <u>MAY 14 '57</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshauser 4228 S. Kingshighway Bl.</u>	
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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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Richard W. Stover*

Licensed Embalmer No. *400*

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.