. Health,
& Welfare
. Public
h Service

S. 300
1-57

FILED JUL 26 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26645
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6321

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION: 05 Bethesda General Hospital — Length of stay in 1b: 22hrs

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 2227 0 1303a Gratton — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: Raymond Middle: Gilbert Last: Travis

4. DATE OF DEATH: Month: July Day: 5 Year: 1957

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 9-26-1930

9. AGE (In years last birthday): 26 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Grocery

11. BIRTHPLACE (City and state or country): St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Cecil Travis

13b. MOTHER'S MAIDEN NAME: Betty Reynolds

14. NAME OF HUSBAND OR WIFE: Frances Travis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 490 26 4541

17. INFORMANT: Mrs. Frances Travis, 1303a Gratton

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pneumonia - at central — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 493x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Mesenteric adenitis

19. WAS AUTOPSY PERFORMED? YES [X] ~~NO~~

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan. 4th, 1952, to July 5, 1957 and last saw her/him alive on July 5th, 1957. Death occurred at 8:45 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ernest Younger MD

22b. ADDRESS: 3624 Russell Blvd

22c. DATE SIGNED: 7/8/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: July 9 57

23c. NAME OF CEMETERY OR CREMATORY: Concordia

23d. LOCATION (City, town, or county) (State): St.Louis Mo

24. FUNERAL DIRECTOR ADDRESS: E.J.Schnur 3125 Lafayette

25. DATE RECD. BY LOCAL REG.: JUL 8 '57

26. REGISTRAR'S SIGNATURE: J. Earl Smith M.D. Dep.

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part 1 must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Thomas R. Fenwick

Licensed Embalmer No. 3793

P. O. Address 3125 Lafayette

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.