

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 134

FILED JAN 25 1945

318

Registration District No. Primary Registration District No. 1000 Registrar's No. 453

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.

(b) City or town St. Louis, Missouri.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Louis City Hospital-Max C. Starkloff Memorial  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 days  
(Specify whether)

In this community 40 Years 0  
(years, months or days)

3. (a) PRINT FULL NAME Raymond Cawley

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex M D 5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased. Aug 8 1886  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	58	5	7	hr. min.

9. Birthplace Newton Ill. Illinois /  
(City, town, or county) (State or foreign country)

10. Usual occupation Electrician

11. Industry or business Self

MOTHER FATHER

12. Name David Hill

13. Birthplace Illinois /  
(City, town, or county) (State or foreign country)

14. Maiden name Dora Walker

15. Birthplace Newton Ill. Illinois /  
(City, town, or county) (State or foreign country)

16. (a) Informant Dora Cawley

(b) Address 2648a Allen

17. (a) Burial (b) Date thereof 1/17/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Ave.

19. (a) JAN 16 1945 J. F. Bedeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 2648a Allen Ave.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15th  
year 1945 hour 11:55 minute 40. M.

21. I hereby certify that I attended the deceased from 12/24/44  
19 to 1/15/45  
that I last saw him alive on 1/15/45  
and that death occurred on the date and hour stated above

Immediate cause of death Pneumonia terminal  
Duration

Due to 83

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: *Old cerebral vascular accident*  
Of autopsy *acute myocarditis of at leg non-7.8*  
Underline the cause of death if it should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? (e) Means of injury

23. Signature J. F. Bedeck (M. D. or other) 1/15/45  
Address 2301 Lafayette Ave. Date signed

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed L.R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 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 this body is not embalmed, fact should be so stated above.**