S. No. 2
1.—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25082

FILED AUG 11 1945

Registration District No. 3069 Primary Registration District No. 3069 Registrar's No. 1958

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Maplewood (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Rond Heights St Marys Hosp. (If not in hospital or institution, write street number or location)

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

In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Rd Hgts (If outside city or town limits, write "RURAL")

(d) Street No. 1202 Woodland (If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Richard Louis Ray

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex M. O

5. Color or race W.

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased July (Month) 25 (Day) 1945 (Year)

8. AGE: Years — Months — Days 10 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis County (City, town, or county) (State or foreign country)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Richard J. Ray
13. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Charlotte Straub
15. Birthplace St Louis County (City, town, or county) (State or foreign country)

16. (a) Informant Richard J. Ray

(b) Address 1202 Woodland Dr.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 6-45 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director M J Croghan

(b) Address 746 Manchester

19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4 year 1945 hour 11 minute 350 M.

21. I hereby certify that I attended the deceased from 7-26-45, 19..., to 8-4-45, 19...; that I last saw him alive on 8-4-45, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Heart Deformity — Duration

Due to anomaly of great vessels aorta & bronchi

Due to 1578

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy above found at autopsy

PHYSICIAN — Underline the cause to which death 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 O

23. Signature Joseph McNearney (M. D. or other) M.D.

Address 2240 Brentwood Date signed 8-6-45

Brentwood Mo.

(Licensed Embalmer's Statement on Reverse Side)

7308 Glades

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 Albert G. Kaffe

Licensed Embalmer No. 2977

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

C. No. 2B
M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS 317

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. G 13 1945

Registration District No. 318 Primary Registration District No. 3069 Registrar's No. 1958

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Richmond Height
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Richard L. Ray

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July 25 (Month) (Day) (Year)

8. AGE: Years — Months — Days — If less than one day hr. min.

9. Birthplace (City, town, or county) MO (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) 87-45 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July 4 year 1945 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death 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 (M. D. or other)
Address Date signed

SUPPLEMENTARY

1945

S-25082