S. No. 2
M—1/47
. 5-17-39

96
8
3

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 21 1947

Registration District No. 3/9

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3069

State File No. 19622

Registrar's No. 1065

1. PLACE OF DEATH:
(a) County St. Louis,
(b) City or town Richmond Heights.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: #7 Laymont Ave., 1
(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 Missouri (b) County St. Louis, 96
(c) City or town Richmond Heights 8
(If outside city or town limits, write "RURAL")
(d) Street No. #7 Laymont Ave., 3
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME RAY CROWDIS ORAM.
3. (b) If veteran, name war No.
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White 1
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Mazel Orwig Oram.
6. (c) Age of husband or wife if alive 61. years
7. Birth date of deceased August 27, 1884.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
62.	8.	17.	hr. min.

9. Birthplace Letonia, Ohio. 1
(City, town, or county) (State or foreign country)
10. Usual occupation Retired.. Dist, Mng'r St. Louis
11. Industry or business Branch- Crucible Steel Co.,

FATHER
12. Name Thomas Oram.
13. Birthplace Cape Breton, Nova Scotia. 2
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eliza Jane Boehecker,
15. Birthplace Pennsylvania. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs R. C. Oram.
(b) Address #7 Laymont Dr.,
17. (a) Cremation. (b) Date thereof 5/16/47.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crematory.
18. (a) Signature of funeral director C. R. Lupton & Sons.
(b) Address 7233 Delmar Blvd.
19. (a) 5-16-47 (b) [signature] MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14
year 1947 hour 3:30 minute A. M.

21. I hereby certify that I attended the deceased from Jan. 23, 1938, to May 14, 1947; that I last saw him alive on May 14, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis, Chronic Degenerative	Since 1938
Due to: Senial Arteriosclerosis	
Due to: Arterial Hypertension	Since 1935
Other conditions (Include pregnancy within 3 months of death) 93d	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 0

23. Signature Hiram J. Liggett (M. D. or other) M.D.
Address 3720 Washington Blvd Date signed 5/15/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

3720 Washington Blvd.,
JE 1551
2 to 4 (Except Wed.)

MAY 27 1947

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 x Clarence H. Murray

Licensed Embalmer No. 11

P. O. Address St. Louis, Mo.

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.