

FILED SEP 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32116

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7855

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) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (In this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>5138 Northland Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Missouri Baptist Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Johana</u> b. (Middle) <u>Maud</u> c. (Last) <u>Raymond.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 8, 1949</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 4, 1888</u>		9. AGE (In years last birthday) (Specify) <u>60</u> Months <u>9</u> Days <u>4</u>		IF UNDER 1 YEAR Hours <u> </u> Min. <u> </u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Muskegepen Michigan</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
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13a. FATHER'S NAME <u>Michael Cunningham</u>			13b. MOTHER'S MAIDEN NAME <u>Zilda Rousseau</u>			14. NAME OF HUSBAND OR WIFE <u>William Raymond</u>		
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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>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William Raymond</u>		ADDRESS <u>5138 Northland</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rupture of esophageal vessel</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Cancer of the liver</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>7 h.</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) <u>1246</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>3810</u>	
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22. I hereby certify that I attended the deceased from 8-29-1949 to 9-8-1949, that I last saw the deceased alive on 9-8-1949, and that death occurred at 5:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Kim [unclear]</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>2906 Union St. [unclear]</u>		23c. DATE SIGNED <u>8-9-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 12, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery Jefferson Barracks, Missouri</u>		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. <u>SEP 10 1949</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>1431 Union Blvd.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

D. W. Henderson
7908 N. Lincoln

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.

Signed *Robert F. Beebe*
.....
Licensed Embalmer No. *2915*

Signed.....
Student Embalmer

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.