

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25155
6002

State File No.

FILED JUL 26 1951

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. LOUIS	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	2059
d. FULL NAME OF HOSPITAL OR INSTITUTION 605 CLARA AVE.,		d. STREET ADDRESS (If rural, give location) 605 CLARA AVE.,	

3. NAME OF DECEASED (Type or Print) CHARLES A. RAY.	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) JULY 3, 1951.
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 24, 1904.	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months	IF UNDER 18 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) LONGVIEW, TEXAS	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME ? RAY	13b. MOTHER'S MAIDEN NAME DON'T KNOW	14. NAME OF HUSBAND OR WIFE ANN RAY wife
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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) YES #2	16. SOCIAL SECURITY NO. 497-06-0465.	17. INFORMANT'S SIGNATURE OR NAME ANN RAY, 605 CLARA AVE.,	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral and aortic valvular heart disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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)
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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? 421.0
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22. I hereby certify that I attended the deceased from **Janua ry 19 49** to **July 3rd, 1951**, that I last saw the deceased alive on **July 3rd, 1951**, and that death occurred at **9.30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE John Esben Kirk, M.D.	(Degree or title)	23b. ADDRESS 5344 Vernon Av. St. Louis, Mo.	23c. DATE SIGNED July 4, 1951
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Burial, JULY 7, 1951.	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEM.,	24d. LOCATION (City, town, or county) (State) ST. LOUIS CO., MO.
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DATE REC'D BY LOCAL REG. JUL 5 1951	REGISTRAR'S SIGNATURE J. B. Foster	25. FUNERAL DIRECTOR'S SIGNATURE JOS. W. CLARK, 1125 HODIAMONT AVE.,	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DR. JOHN E. KIRK
5344 Vernon Ave.,
FO. 9116.

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 Me

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Leon R. Penelous

Licensed Embalmer No. 4283

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.