

FILED AUG 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28639**
Registrar's No. **6831**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland | |
| c. LENGTH OF STAY (In this place) 10 days | | 420 X | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital | | d. STREET ADDRESS (If rural, give location) 9931-Edmil Lane | |

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|-------------------------------------|----------------------------|-------------------------------|-----------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Mayme | b. (Middle) Euphany | c. (Last) Raymond | 4. DATE OF DEATH (Month) (Day) (Year) July-30-1951 |
|-------------------------------------|----------------------------|-------------------------------|-----------------------------|--|

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| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH July 28 1888 | 9. AGE (In years last birthday) Months Days Hours Min. 63 |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (State or foreign country) Macomb, Illinois | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Stephen J. Bagly | 13b. MOTHER'S MAIDEN NAME Emma-Cale | 14. NAME OF HUSBAND OR WIFE Harvey S. Raymond |
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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) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Harvey S. Raymond | ADDRESS 9931-Edmil Lane |
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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, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Postoperative Shock | | INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hemorrhage | | |
| | DUE TO (c) Carcinoma of rectum | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION 7-30-51 | 19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma of rectum | 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) Overland, Mo. |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 7-30-51 | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 154X |
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22. I hereby certify that I attended the deceased from **7-20, 1951**, to **7-30, 1951**, that I last saw the deceased alive on **7-30, 1951**, and that death occurred at **10:50 A.M.**, from the causes and on the date stated above.

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| 23a. SIGNATURE J. J. Lawlor, M.D. | (Degree or title) | 23b. ADDRESS Overland, Mo. | 23c. DATE SIGNED 7-30-51 |
|---|-------------------|--------------------------------------|------------------------------------|

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|---|------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 8-2-1951 | 24c. NAME OF CEMETERY OR CREMATORY Macomb, Ill. | 24d. LOCATION (City, town, or county) (State) via Motor - Macomb, Ill. |
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| DATE RECD BY LOCAL REGISTRAR'S SIGNATURE J. B. Lasater | 25. FUNERAL DIRECTOR'S SIGNATURE Baumman Bros. Inc. | ADDRESS Overland, Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Escom F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 14 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.