

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3183**
Registrar's No. **0358**

FILED FEB 2 1954 REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

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, Missouri		c. LENGTH OF STAY (in this place) OR TOWN 4 Yrs c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4524 KENNERLY AVE.		d. STREET ADDRESS (If rural, give location) 4524 Kennerly Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) OSCAR b. (Middle) - c. (Last) Raspberry		4. DATE OF DEATH (Month) (Day) (Year) JAN. 12 1954	
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 18, 1888
9. AGE (In years last birthday) 65		10. MONTHS 9	11. BIRTHPLACE (State or foreign country) Georgia
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Odd Jobber	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME Monroe Raspberry		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Emmer H. Raspberry
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 432-09-3021	17. INFORMANT'S SIGNATURE OR NAME Emmer Raspberry ADDRESS 4524, Kennerly Ave.
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY Thrombosis INTERVAL BETWEEN ONSET AND DEATH approx. 6 mos. ANTECEDENT CAUSES DUE TO (b) Arteriosclerotic Heart Disease 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"/>			
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 4200			
22. I hereby certify that I attended the deceased from Dec. 12, 1953 , to Jan. 12, 1954 , that I last saw the deceased alive on Jan. 12, 1954 , and that death occurred at 3: p. m. , from the causes and on the date stated above.			
23a. SIGNATURE William C. Boutwell, M.D. (Degree or title)		23b. ADDRESS 11 N. JEFFERSON AVE. Suite 327 St. Louis, Mo.	
23c. DATE SIGNED 1-13-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1/15/54	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Agustia, Arkansas	
DATE REC'D BY LOCAL REG. JAN 13 1954		REGISTRAR'S SIGNATURE J. Carl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Earl Harris ADDRESS 4156, Maffitt. Ave.			

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Leroy W. Barnister

Signed.....
Student Embalmer

Licensed Embalmer No. *4523*

P. O. Address. *3880 E. 1st St. N.*

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.