FILED JAN 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3188

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0085

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS
c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1321 No EUCLID AVE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS 2069

d. STREET ADDRESS (If rural, give location) 6 1321 No. EUCLID AVE

3. NAME OF DECEASED (Type or Print)
a. (First) SADIE
b. (Middle)
c. (Last) RAYMOND

4. DATE OF DEATH (Month) (Day) (Year) JAN. 4 - 1954

5. SEX 1 FEMALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 2 WIDOW
8. DATE OF BIRTH APR. 18 - 1865
9. AGE (In years last birthday) 88 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) 4 SCOTLAND
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME GEORGE RICHIE
13b. MOTHER'S MAIDEN NAME HELEN YOUNG
14. NAME OF HUSBAND OR WIFE RAYMOND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Mrs Emma Simon - 1321 N. Euclid Ave ADDRESS

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) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 10 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Anemia
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. age

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION no operation
20. AUTOPSY? YES ☐ NO ☒

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) no injury

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? no injury 4222

22. *I hereby certify that I attended the deceased from* Sept 1, 1935, *to* Jan 4, 1954, *that I last saw the deceased alive on* Jan 3, 1954, *and that death occurred at* 1:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) J. S. Homan MD
23b. ADDRESS 4903 Delmar Ave
23c. DATE SIGNED Jan 5/54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 1/ /54
24c. NAME OF CEMETERY OR CREMATORY VALHALLA CEM.
24d. LOCATION (City, town, or county) ST. LOUIS Co. (State) Mo

DATE REC'D BY LOCAL REG. JAN 5 1954
REGISTRAR'S SIGNATURE J Carl Smith MD MDB
25. FUNERAL DIRECTOR'S SIGNATURE L Mullen Mud Co
ADDRESS 5165 Delmar Bl

(Licensed Embalmer's Statement on Reverse Side)

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.

Student .....
Student Embalmer

Signed Ronald C Yahn

Licensed Embalmer No. 3917

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.