

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. 7372

XC 1 647 177
Reg.# 113935
BIRTH NO. FILED FEB 18 1954

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 249

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		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 town or township) <u>JEFFERSON BARRACKS, MISSOURI</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSP.</u>		d. STREET ADDRESS (If rural, give location) <u>4574 COTE BRILLIANTE AVENUE</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) c. (Last) <u>RAZE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-25-54</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>1-27-89</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RAILROAD EMPLOYEE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RAILROAD</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>FT. WORTH, TEXAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>GEORGE RAZE</u>	13b. MOTHER'S MAIDEN NAME <u>SARAH MASSIE</u>	14. NAME OF HUSBAND OR WIFE <u>NONE (deceased)</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSPITAL RECORDS, JEFF. BRKS, MO.</u>

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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY EMBOLISM</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>ARTERIOSCLEROSIS, GENERALIZED</u>		
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) <u>465X</u>
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?

22. I hereby certify that I attended the deceased from 9-29-53, 1953, to 1-25-54, 1954, that I last saw the deceased before he died, and that death occurred at 9:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. T. KAMINSKAS, M.D.</u>	23b. ADDRESS <u>VA HOSPITAL, JEFF. BKS, MO.</u>	23c. DATE SIGNED <u>1-25-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2/1/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's</u>
24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter R. Roberts, 1416 N. Taylor</u>	

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

No. 300
19-48
0000

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

James A. Carter

Licensed Embalmer No. *468*

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.