No. 300
10.48

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

FILED MAY 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13987

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3818

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): Jewish Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: Kirkwood 467 3
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location): 303 Woodside Dribe

3. NAME OF DECEASED (Type or Print)
a. (First): PEGGY
b. (Middle): RAY
c. (Last): REEL

4. DATE OF DEATH (Month): 4 (Day): 26 (Year): 54

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced

8. DATE OF BIRTH: Oct. 25-1899

9. AGE (In years last birthday): 54 | 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): registered nurse

10b. KIND OF BUSINESS OR INDUSTRY: Jewish Hospital

11. BIRTHPLACE (City and State or Foreign Country): Pawnee City, Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Jessie A.Ray

13b. MOTHER'S MAIDEN NAME: Sara Rist.

14. NAME OF HUSBAND OR WIFE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 385-20-5847

17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Geraldine Conner, 303 Woodside Drive

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) Rupture of aneurysm of rt middle cerebral artery — INTERVAL BETWEEN ONSET AND DEATH: 2 hours.

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 ☑ 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): 452 X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-26, 1954, *to* 4-26, 1954, *that I last saw the deceased alive on* 4-26, 1954, *and that death occurred at* 3:15 p *m., from the causes and on the date stated above.*

23a. SIGNATURE: M. Norman Orgel **(Degree or title)**: M.D.

23b. ADDRESS: 508 North Grand Ave, St. Louis

23c. DATE SIGNED: 4-27-54

24a. BURIAL, CREMATION, REMOVAL (Specify): removal

24b. DATE: 4-27-54

24c. NAME OF CEMETERY OR CREMATORY: Lincoln

24d. LOCATION (City, town, or county) (State): Lincoln, Nebraska

DATE REC'D BY LOCAL REG.: APR 27 1954

REGISTRAR'S SIGNATURE: J Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: C. R. Lupton & Sons-7233 Delmar Blv'd.,

(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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clarence A. Meirr

Licensed Embalmer No. 40

P. O. Address St. Louis

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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