

FILED FEB 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2993  
0443

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. ....

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY OR TOWN <b>ST. LOUIS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>	
c. LENGTH OF STAY (in this place) <b>NIL</b>		d. STREET ADDRESS (If rural, give location) <b>2317 PARK AVE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2317 PARK AVE</b>		e. STREET ADDRESS (If rural, give location) <b>2317 PARK AVE</b>	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <b>WILLIAM</b>	b. (Middle) <b>E</b>	c. (Last) <b>RAY</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>NOV. 11<sup>TH</sup> 1899</b>
9. AGE (In years last birthday) <b>55</b>		IF UNDER 1 YEAR Months <b>3</b> Days <b>7</b>	IF UNDER 4 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FOUNDRYWORKER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FOUNDRY</b>	11. BIRTHPLACE (State or foreign country) <b>ALA.</b>
			12. CITIZEN OF WHAT COUNTRY? <b>U. S. A</b>

13a. FATHER'S NAME <b>UNKNOWN - RAY</b>	13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>MAUD - RAY</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT'S SIGNATURE OR NAME <b>RAY - OSTRANDER</b>	ADDRESS <b>2538 FLORENT</b>
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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, asthenia, 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) <b>Coronary Occlusion</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Sclerosis</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 <input checked="" type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>4201</b>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and the death occurred at **1100 P.** m., from the causes and on the date stated above.

22a. SIGNATURE <b>James M. Kelly</b>	22b. ADDRESS <b>1300 Clark</b>	22c. DATE SIGNED <b>1/17/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>1-18-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>LAUREL - HILL - CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS. CO. MO</b>
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DATE REC'D BY LOCAL REG. <b>JAN 17 1955</b>	REGISTRAR'S SIGNATURE <b>JAY-B-SMITH</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>JAY-B-SMITH</b>	ADDRESS <b>MAPLEWOOD. 17. MO.</b>
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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 \_\_\_\_\_  
working under my personal supervision.

Signed.....  
Student Embalmer

Signed

*H. E. Burgess*

Student Embalmer No.....

Licensed Embalmer No. *4029*

P. O. Address *Maplewood*

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.