

FILED NOV 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 39727
Registrar's No. 10424

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 7020th MINNESOTA				e. STREET ADDRESS (If rural, give location) 2910 7020th MINNESOTA.					
3. NAME OF DECEASED (Type or Print) a. (First) ARNIE			b. (Middle)		c. (Last) RAY		4. DATE OF DEATH (Month) (Day) (Year) NOV 14 1956		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JULY 12 1909		9. AGE (To years last birthday) 47 IF UNDER 1 YEAR: Months Days IF UNDER 1 HR.: Hours Min	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAINTANCE ENGINEER			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) KENTUCKY			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME BURT HOLHIS RAY			13b. MOTHER'S MAIDEN NAME CLARA COLE			14. NAME OF HUSBAND OR WIFE CHARLOTT			
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. 127-03-3935		17. INFORMANT'S SIGNATURE OR NAME CHARLOTT RAY				ADDRESS 7020th MINNESOTA	
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) Adenocarcinoma Left Lung 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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 163.x				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) (Min)		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 July 1, 1956 , to November 14, 1956 , that I last saw the deceased alive on November 17, 1956 , and that death occurred at 3:00 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree of Medical) Thomas F. Summers, M.D.				23b. ADDRESS 3903 Olive St. Louis, 8. Mo.		23c. DATE SIGNED 11/15/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 11-17-56		24c. NAME OF CEMETERY OR CREMATORY MT OLIVE		24d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MO.			
DATE REC'D BY LOCAL REG. NOV 15 1956		REGISTRAR'S SIGNATURE Cash Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE JOS. P. FENDLER JR.		ADDRESS 7128 MICHIGAN			

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Clarence Kochon

Licensed Embalmer No. *309*

P. O. Address *7128 Mic*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.