Health, & Welfare Public Service

S. 300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-024105
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1258

FILED JUL 11 1958

1. PLACE OF DEATH
a. COUNTY: St. Louis County
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Wellston, Mo. — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 1517 Oak Grove — Length of stay in 1b: years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis Co.
c. CITY OR TOWN: Wellston 43010 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1517 Oak Grove — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: William Middle: Joseph Last: Raggo

4. DATE OF DEATH Month: July Day: 2 Year: 1958

5. SEX: Male **6. COLOR OR RACE**: White **7. MARRIED** ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐ **8. DATE OF BIRTH**: July 10, 1869 **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): Laborer-Retired **10b. KIND OF BUSINESS OR INDUSTRY**: Labor **11. BIRTHPLACE** (City and state or country): Weyanvega, Wisconsin **12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

13a. FATHER'S NAME: John Raggo **13b. MOTHER'S MAIDEN NAME**: Elnora House **14. NAME OF HUSBAND OR WIFE**: Deceased

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service) **16. SOCIAL SECURITY NO.**: Unknown **17. INFORMANT** Address: William Raggo 1517 Oak Grove

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Asphyxia	seconds
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Pulmonary Congestion	weeks
DUE TO (c)	Congestive Heart failure 4341	years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerosis and multiple cerebral vascular accidents

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐ **20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ **20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) **20f. CITY, TOWN, OR LOCATION** COUNTY STATE

21. I attended the deceased from 6-30-58, to 7-2-58 and last saw her/him alive on 7-1-58
Death occurred at 1:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert L. Owen D.O. **22b. ADDRESS**: 7805 Olive Blvd. St Louis 24 Mo. **22c. DATE SIGNED**: 7-2-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal **23b. DATE**: July 2nd 1958 **23c. NAME OF CEMETERY OR CREMATORY**: Glover Cemetery **23d. LOCATION** (City, town, or county) (State): Ironton, Mo.

24. FUNERAL DIRECTOR ADDRESS: Howell F. H. Ironton, Missouri **25. DATE RECD. BY LOCAL REG.**: 7-2-58 **26. REGISTRAR'S SIGNATURE**: Herbert B. Donke MD

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

84.

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 M. Bills

Licensed Embalmer No. 4325

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

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