

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-011731  
STATE FILE NUMBER

FILED MAR 30 1959 Registration District No. 317 Primary Registration District No. 547 Registrar's No. 777

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Richmond Heights</b>		c. CITY OR TOWN <b>University City 4360</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>1249 Hafner Place</b>	
Length of stay in lb <b>2 months</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>FRANK</b> Middle <b>THEODORE</b> Last <b>RAYMOND</b>			4. DATE OF DEATH Month <b>March</b> Day <b>22</b> Year <b>1959</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept 3, 1882</b>	9. AGE (In years at birthday) <b>76</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Machinist</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Wagner Electric Co.</b>	11. BIRTHPLACE (City and state or country) <b>West Plains, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Theodore D. Raymond</b>	13b. MOTHER'S MAIDEN NAME <b>Ida Curtiss</b>	14. NAME OF HUSBAND OR WIFE <b>Letha Raymond</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>no none</b>	16. SOCIAL SECURITY NO. <b>494-03-6800</b>	17. INFORMANT <b>Mrs Elsa Culler, 6246 Northwood Ave</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 month</b>
DUE TO (b) <b>Tauerculosis</b>		
DUE TO (c) <b>Cholelithiasis + Cholecystectomy</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a) <b>586X</b>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from Death occurred at <b>Jan. 18, 1959 1:00 A.M.</b> to <b>March 21, 1959</b> and last saw him alive on <b>March 21, 1959</b> on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <b>Ernest T. Drayton, M.D.</b> (Degree or title)	22b. ADDRESS <b>University Club Bldg.</b>	22c. DATE SIGNED <b>3-23-59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>March 24, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Dana Cemetery</b>	23d. LOCATION (City, town, or County) <b>Dana, Illinois</b> (State)
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24. FUNERAL DIRECTOR <b>Shepard Funeral Home, 1167 Hamilton Ave</b>	25. DATE RECD. BY LOCAL REG. <b>3-23-59</b>	26. REGISTRAR'S SIGNATURE <b>John C. Murphy M.D.</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Stanley H. Dixon* .....  
Licensed Embalmer No. *4193* .....  
P. O. Address *St. Louis* .....

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.