THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-018227
STATE FILE NUMBER

FILED MAY 26 1959 Registration District No. 162 Primary Registration District No. 5094 Registrar's No. 52

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): High Ridge — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Marvec Dr. — Length of stay in Ib: 5 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jefferson
c. CITY OR TOWN: High Ridge — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Marvec Dr. High Ridge — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Margaret Middle: F. Last: Raeber ~~Raeder~~

4. DATE OF DEATH: Month May Day 12 Year 1959

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

8. DATE OF BIRTH: Oct 9, 1912

9. AGE (In years last birthday): 46 — 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): At Home

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (City and state or country): St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Luther E. Hyatt

13b. MOTHER'S MAIDEN NAME: Nellie B. Burton

14. NAME OF HUSBAND OR WIFE: Lloyd A. Raeber ~~Raeder~~

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

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT Address: Orville Hyatt 10820 Kingbee, St. Ann

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)	Acute Coronary Occlusion	30 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerosis	5 years
DUE TO (c)	Obesity	10 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201

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 Jan. 30, 1959 to May 12-1959 and last saw her alive on March 10-1959
Death occurred at Marvec Dr. High Ridge Mo. at the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Francis R. Wessel M.D.

22b. ADDRESS: Fenton Medical Bldg, Fenton, Mo.

22c. DATE SIGNED: 5-12-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 5)14)59

23c. NAME OF CEMETERY OR CREMATORY: New Haven Cemetery

23d. LOCATION (City, town, or county) (State): New Haven Mo.

24. FUNERAL DIRECTOR ADDRESS: Collier Mortuary, St. Ann, Mo.

25. DATE RECD. BY LOCAL REG.: 5-14-59

26. REGISTRAR'S SIGNATURE: Robert E. Bauer

(Licensed Embalmer's Statement on Reverse Side)

MAY 26 1959

DEC 19 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

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

working under my personal supervision.

Student ..... Signed Sheldon Collier

Signature of Student Embalmer

Licensed Embalmer No. 338 2

P. O. Address St. Ann

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.