

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-044691

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11641** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 7 1962

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. <b>FILED OF DEATH</b> a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b		2. <b>USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE		b. COUNTY		c. CITY OR TOWN		d. STREET ADDRESS		Reside on Farm					
		St. Louis				Missouri		St. Louis		St. Louis, County		1440 Trampe Lane		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. <b>NAME OF DECEASED</b> (Type or print)		First		Middle		Last		4. <b>DATE OF DEATH</b>		Month		Day		Year					
		RAYMOND		H.		OAKES		DEC.		3		1962							
5. <b>SEX</b>		6. <b>COLOR OR RACE</b>		7. <b>Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>		8. <b>DATE OF BIRTH</b>		9. <b>AGE</b> (last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HR							
Male		White				2/7/1909		53		Months		Days		Hours					
10a. <b>USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)		10b. <b>KIND OF BUSINESS OR INDUSTRY</b>		11. <b>BIRTHPLACE</b> (City and state or country)		12. <b>CITIZEN OF WHAT COUNTRY</b>													
General Contractor		Selfemployed		St. Louis, Missouri		U.S.A.													
13a. <b>FATHER'S NAME</b>				13b. <b>MOTHER'S MAIDEN NAME</b>				14. <b>NAME OF HUSBAND OR WIFE</b>											
Joseph Oakes				Mary Fischer				Sylvia Oakes											
15. <b>WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, No, or unknown) (If yes, give way, date of service)				16. <b>SOCIAL SECURITY NO.</b>				17. <b>INFORMANT</b>				Address							
No.								Mrs. Sylvia Oakes, 1440 Trampe Lane,											
18. <b>CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c))																			
PART I. <b>DEATH WAS CAUSED BY:</b>																			
IMMEDIATE CAUSE (a) Acute Pulmonary Edema + Hemorrhage 24 hours																			
DUE TO (b) Megakaloblastic anemia leukemoid count																			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <del>leukemia</del> Leukemia suggestive of myeloid leukemia -																			
PART II. <b>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH</b> but not related to the terminal disease condition given in PART I (a)																			
290.3																			
PART III. If deceased was female was there a pregnancy in last 90 days.																			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown																			
19. <b>WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. <b>ACCIDENT</b> <input type="checkbox"/>		<b>SUICIDE</b> <input type="checkbox"/>		<b>HOMICIDE</b> <input type="checkbox"/>		20b. <b>DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)											
20c. <b>TIME OF INJURY</b>		Hour		Month, Day, Year															
20d. <b>INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. <b>PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. <b>CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b>		<b>STATE</b>											
21. I attended the deceased from 9/19/58 to 12-3-62 and last saw him alive on 12/3-1962																			
Death occurred at 4:40 AM m on the date stated above, and to the best of my knowledge, from the causes stated.																			
22a. <b>SIGNATURE</b>				*(Degree or title)				22b. <b>ADDRESS</b>				22c. <b>DATE SIGNED</b>							
[Signature]								St. Louis 13				12/3/62							
23a. <b>BURIAL, CREMATION, REMOVAL</b> (Specify)				23b. <b>DATE</b>		23c. <b>NAME OF CEMETERY OR CREMATORY</b>				23d. <b>LOCATION</b> (City, town, or county)				(State)					
Burial				12/6/1962		Calvary Cemetery				St. Louis, Missouri.									
24. <b>TUNERAL DIRECTOR</b>								ADDRESS				25. <b>DATE RECD. BY LOCAL REG.</b>				REGISTRAR'S SIGNATURE			
JOHN STYGAR & SON - 5541 RIVERVIEW BLVD.								DEC 4 - 1962				Road Smith, M.O.							

USE BLACK INK OR TYPEWRITER RIBBON

**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 *J. M. Rister*

Licensed Embalmer No. 3980

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.