

APR 27 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 1123 File No. 13633
Township Carondelet Primary Registration District No. 6248B Registered No. 50
City Koch (No. Koch Hosp.) St. _____ Ward _____

2. FULL NAME

Joseph Rapske
(a) Residence No. 2225 N. Market St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 8 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married (separated)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 31, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eva Rapske

22. I HEREBY CERTIFY, That I attended deceased from January 2, 1937, to January 31, 19376. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 21, 1887 1890I last saw him alive on January 31, 1937. Death is said

7. AGE YEARS 46+9 MONTHS 5 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

to have occurred on the date stated above, at 10:30 a.m.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cemetery
10. Date deceased last worked at this occupation (month and year) Dec 1932 11. Total time (years) spent in this occupation 6 yrs.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis
Date of onset Dec 1932

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

Other contributory causes of importance _____

13. NAME FRANK Rapske

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PolandWhat test confirmed diagnosis? Sputum X-ray Was an autopsy? no15. MAIDEN NAME Pauline Schminski23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Hospital Records (ADDRESS) Koch MoManner of injury _____
Nature of injury _____18. BURIAL, CREMATION, OR REMOVAL PLACE Cemetery DATE Feb 4, 193724. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____19. UNDERTAKER Central and Co Inc (ADDRESS) 1841 Cass Ave(Signed) Alexander Liberslade, M. D.
(Address) Koch Hospital
Koch, Mo.20. FILED 2-2, 1937 J. Mowrey Registrar

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

State Registrar

Hoffmeyer Ave then 1/2 block south

Edgar Ave

~~Edgar Ave~~