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23139

MAR 11 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8103

Registration District No. 784

Primary Registration District No. 260

Registrar's No. 337

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis, Gardenville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4747 Oldenburg
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME ANTHONY RASKEVICE

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male race White 5. Color or race _____
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 26, 1871
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|------|----------------------|
| | 69 | 1 | 17 | hr. _____ min. |

9. Birthplace Lithuania
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Isadore Raskevics

13. Birthplace Lithuania
(City, town, or county) (State or foreign country)

14. Maiden name Anna Dievidas

15. Birthplace Lithuania
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Raskevics

(b) Address 4747 Oldenburg Ave.

17. (a) Burial (b) Date thereof Feb. 15-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old SS. Peter & Paul

18. (a) Signature of funeral director J. S. Maydell

(b) Address 1926 Allen Ave.

19. (a) FEB 14 1941 (b) J. R. Murray
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew 96
(c) City or town St. Louis Gardenville 0
(If outside city or town limits, write "RURAL")
(d) Street No. 4747 Oldenburg Ave. 0
(If rural, give location) 0
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12
year 1941 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from Sept. 7
1940 to Feb 11 1941;
that I last saw h. alive on Feb 11 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chrom. & myocarditis with previous anemial

Due to _____

Due to 73 A

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy no

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature J. V. Vignard (M. D. or other) 0

Address 873 1/2 Cass Ave. Date signed 2/12/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

3529 Lafayette Ave.

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Benjamin L. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen

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