

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **23477**
Registrar's No. **5829**

AUG 28 1941
Registration District No. **91**

Primary Registration District No. **10**

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4528 Tennessee
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME John H. Rakel

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

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

6. (b) Name of husband or wife Louise 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased. Oct. 16 1869
(Month) (Day) (Year)

8. AGE: Years 70 Months 8 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation Millrite

11. Industry or business _____

12. Name Herman Rakel

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

14. Maiden name Unknown

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

16. (a) Informant Louise Rakel

(b) Address 4528 Tennessee

17. (a) Burial (b) Date the body was disposed of 7-16-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn

18. (a) Signature of funeral director H. M. Schumacher

(b) Address 3013 Meramec St.

19. (a) Aug 15 1941 (b) J. W. Mendenhall
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4528 Tennessee
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1941 hour 10 minute 8 A. M.

21. I hereby certify that I attended the deceased from June 8, 1941 to July 12, 1941
that I last saw him alive on July 12, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of the intestines

Due to _____

Due to _____

Other conditions: H/O
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) _____

(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) (e) Means of injury _____

23. Signature J. W. Mendenhall, M.D. (M. D. or other) _____

Address 2219 So. Jefferson Ave Date signed 7/14/41

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 Clarence Kochow, Registered Apprentice No. _____ working under my personal supervision.

Signed Clarence Kochow

Licensed Embalmer No. 3093

P. O. Address 3013 Metairie

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.