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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED AUG 15 1941 757

Primary Registration District No. 3036

Registrar's No. 112

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town St. Charles  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 321 Monroe St.  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles 92

(c) City or town St. Charles 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 321 Monroe St.  
(if rural, give location)

(e) If foreign born, how long in U. S. A? Eighty 0 years.

3. (a) PRINT FULL NAME Anna Ernestine Rachlitz

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10 year 1941 hour 11 minute \_\_\_\_\_ P.M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Stans Rachlitz

6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased May 19 1855  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 14, 1941 to July 10, 1941; that I last saw him alive on June 9, 1941; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>0</u>	<u>21</u>	hr. _____ min. _____

Immediate cause of death Arteriosclerosis Duration \_\_\_\_\_

Due to Inferior vena cava

Due to 1625

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

MOTHER FATHER {

12. Name Max Rachlitz

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

14. Maiden name Anna Eck

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Margaret Lehman

(b) Address 321 Monroe St. Charles, Mo

17. (a) Burial (b) Date thereof June 14-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chicago, Illinois

18. (a) Signature of funeral director H. C. Ballinger & Sons

(b) Address 800 N. Second, St. Charles, Mo

19. (a) 6-12-41 (b) blarene B. Pessler  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_

23. Signature Th. Nardin (M. D. or other) D

Address St. Charles, Mo Date signed 6-11-1941

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

**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.....

*John E. Dallmeyer*

Licensed Embalmer No. *2951*

P. O. Address *St Charles, 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 this body is not embalmed, fact should be so stated above.**