

FILED JAN 27 1942

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 131

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town Koch
(c) Name of hospital or institution Robert Koch Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo 17 days
In this community 20 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Wisconsin (b) County COB
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3709 Wisconsin Ave
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12
year 1942 hour 2 minute 28 P.M.

21. I hereby certify that I attended the deceased from Nov 25, 1941, to 1-12, 1942
that I last saw him alive on 1-12-42
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis
intermittent tuberculosis
Duration Since 1935
?

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 13hr

Major findings: Of operations _____

Of autopsy _____

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) _____
(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 0

23. Signature Paul Murphy (M, D or other) _____
Address Koch Mo Date signed 1-14-42

3. (a) PRINT FULL NAME Raleine Mack

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

4. Sex F 5. Color or race N 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Feb 12, 1920
(Month) (Day) (Year)

8. AGE: Years 21 Months 11 Days 0
If less than one day _____ hr. _____ min.

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

10. Usual occupation none

11. Industry or business _____

12. Name Raleine Mack

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

14. Maiden name Wynne Seretchny

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

16. (a) Informant Koch Hospital

(b) Address Koch, Mo.

17. (a) Burial (b) Date thereof 1-19-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Legion of Exeter

18. (a) Signature of funeral director W. O. Gordon

(b) Address 2649 Delmar Blvd

19. (a) JAN 18 1942 (b) Y. Mc...
(Date received local registration) (Registrar's signature)

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, *Myself*

Signed *William Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address *2649 Welmar Blvd*

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.