U. S. No. 2
DM—9-4-41
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

19920

State File No.

FILED JUL 13 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5683

000 17 9

1. PLACE OF DEATH:

(a) County: St. Louis, Mo.

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

(c) Name of hospital or institution: De Paul Hospital 0

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: One month (Specify whether years, months or days)

In this community:

2. USUAL RESIDENCE OF DECEASED: 000

(a) State: Missouri (b) County: 17 6

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

(d) Street No.: 5367 Maffit Ave. (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: Harry J. Rakers,

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Male 0

5. Color or race: white

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

6. (b) Name of husband or wife: Anna Tackasch

6. (c) Age of husband or wife if alive: 57 years

7. Birth date of deceased: Dec. 30th (Month) 1881 (Day) (Year)

8. AGE: Years 60 Months 6 Days 1 If less than one day hr. min.

9. Birthplace: Quincy, (City, town, or county) Ill. / (State or foreign country)

10. Usual occupation: Post Office Clerk

11. Industry or business:

FATHER 12. Name: John Rakers

FATHER 13. Birthplace: Quincy, (City, town, or county) Ill. / (State or foreign country)

MOTHER 14. Maiden name: Mary Farwick

MOTHER 15. Birthplace: Quincy, (City, town, or county) Ill. / (State or foreign country)

16. (a) Informant: Harry J. Rakers, Jr.

(b) Address: 5367 Maffit Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 4, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation: St. Peter & Paul Cem.

18. (a) Signature of funeral director: Bromschwig Und. Co.

(b) Address: 4746 West Florissant Ave.

19. (a) JUL 2 1942 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

877

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st year 1942 hour 4 minute 45 P. M.

21. I hereby certify that I attended the deceased from June 1st, 1942 to July 1st, 1942 that I last saw him alive on July 1st, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Gangrene right foot — Duration: 30 days

Due to: Carcinoma right inguinal glands involving femoral artery — Duration: 3 mos

Due to:

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

Major findings: Of operations: none

Of autopsy: none

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? (Specify type of place)

While at work? (e) Means of injury: 0

23. Signature: J. F. Gallagher (M. D. or other)

Address: 3903 Olive Date signed: 7/2/42

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 2971

P. O. Address.....

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.