

FILED SEP 20 1945

Registration District No. **77**

Primary Registration District No. **2016**

Registrar's No. **198**

1. PLACE OF DEATH:

(a) County **Cole**

(b) City or town **Jefferson City, Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **St. Mary's Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **10 days**
(Specify whether years, months or days)

In this community **Life**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cole** **26**

(c) City or town **Jefferson City, Mo.** **5**
(If outside city or town limits, write "RURAL")

(d) Street No. **218 Chestnut** **4**
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **CHRISTINE RAITHEL**

3. (b) If veteran, name war **✓**

3. (c) Social Security No. **✓**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **10**
year **1945** hour **10** minute **15 A.M.**

21. I hereby certify that I attended the deceased from **8-24-45**
to **9-10-45**
that I last saw her alive on **9-10-45**
and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased **November 16, 1871**
(Month) (Day) (Year)

Immediate cause of death **Hemiplegia right**

Due to **Cerebral thrombosis** **18 days**

Due to _____

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

8. AGE:

Years	Months	Days	If less than one day
73	9	24	hr. _____ min. _____

9. Birthplace **Cole County, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER { 12. Name **Joseph Schimpff**

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

14. Maiden name **Margaret Rackus**

15. Birthplace **Tao, Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Arthur J. Raichel**

(b) Address **Jefferson City, Mo.**

17. (a) **Burial** (b) Date thereof **9/13/45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Resurrection**

18. (a) Signature of funeral director **Subroster Chalk**

(b) Address **Jefferson City, Mo.**

19. (a) **9-11-45** (b) **R.P. Harris**
(Data received local registrar) (Registrar's signature)

Major findings:
Of operations **944**

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:

(c) 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 _____

23. Signature **Edward Miller** (M. D. or other) **M.D.**

Address **Jefferson City Mo.** Date signed **9-11-45**

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

1431

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 9-18-45

OCT 24 1945

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 Severin Dull

Licensed Embalmer No. 4321

P. O. Address Jefferson City, 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.