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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

807

FILED JAN 25 1946

State File No. 1003

Registration District No. 318

Primary Registration District No.

Registrar's No. 500

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

2998

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:
4218 Iowa 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

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

(d) Street No. 4218 Iowa st
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Peter Rakey

3. (b) If veteran, name war

3. (c) Social Security No. 497-01-6090

4. Sex MALE

5. Color or race W

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

6. (b) Name of husband or wife Martha

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Nov (Month) 18 (Day) 1886 (Year)

8. AGE: Years 59 Months 1 Days 27 If less than one day hr. min.

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

10. Usual occupation Concrete Worker

11. Industry or business

FATHER
12. Name Ben Rakey
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Bertha Haussel
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Martha Rakey
(b) Address 4218 Iowa st

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof January 19, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation New St Marcus Cem.

18. (a) Signature of funeral director Schumacher UNd Co
(b) Address 3013 Meramec st

19. (a) JAN 16 1946 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14
year 1946 hour 3 minute 45 p M.

21. I hereby certify that I attended the deceased from 8/11, 1944 to 1/14, 1946
that I last saw him alive on 1/10, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardio nephritis	2 yrs
occluding coronary arteries	1 yr
Due to: Total occlusion	1 day

Other conditions
(Include pregnancy within 3 months of death)

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature L. A. Millikin (M. D. or other)
Address 2608 S. Kingshighway Date signed 1/15/46

(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 Francis Williamson

Licensed Embalmer No. 3565

P. O. Address St Louis 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.