

FILED JUL 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21243

5981

Registration District No. 018

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
938 Wilmington
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 70 years (Specify whether)
 years, months or days

3. (a) PRINT FULL NAME Elise Rake3. (b) If veteran,
name war _____

3. (c) Social Security No. _____

4. Sex F / race W
 5. Color or W
 6. (a) Single, widowed, married,
 divorced Widow
 6. (b) Name of husband or wife Wm.
 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased Sept. 24 1860
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 9 9 hr. _____ min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Wm. Rixmann
 13. Birthplace Germany 4
 (City, town, or county) (State or foreign country)
 14. Maiden name Elise Lepfort
 15. Birthplace Germany 4
 (City, town, or county) (State or foreign country)

16. (a) Informant Emil Rake
 (b) Address 938 Wilmington

17. (a) burial (b) Date thereof 7-6-19 48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul Church Yard

18. (a) Signature of funeral director W. Schumacher
 (b) Address 3013 Meramec

19. (a) JUL 6 1948 (b) J. F. Bradeau
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mad
 (c) City or town St. Louis 17
 (If outside city or town limits, write "RURAL")
 (d) Street No. 938 Wilmington 9
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No) 0
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
 year 1948 hour 8 minute 05 A. M.

21. I hereby certify that I attended the deceased from June 1st
1948, to July 3rd 1948,
 that I last saw her alive on July 3rd 1948,
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Vascular Duration
Disease with Valvular
Lesions. Senil Arteriosclerosis
10 years.

Due to _____

Due to _____

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 sta-
 tistically.

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 _____

23. Signature Wm. F. Simon (M. D. anatomy)
 Address 1115 Victor, St. Louis Date signed 7.6.48

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.