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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
#88072
FILED AUG 6 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

24632
6566
State File No.
Registrar's No.

Registration District No. **318** Primary Registration District No. **1005**

1. PLACE OF DEATH:
(a) County.....
(b) City or town **St. Louis, Missouri.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Louis City Hospital-Max C. Starkloff**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **68 years.** (Specify whether **Memorial**)
In this community **68 years.** (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3852 Lee Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **CHRISTINA RACKWITZ**
3. (b) If veteran, **none** name war.....
3. (c) Social Security No. **none**
4. Sex **female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **late Albert Rackwitz**
6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **March 24th, 1880**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **23rd**
year **1948** hour **7** minute **00** P. M.
21. I hereby certify that I attended the deceased from **7/21/48**
19 **July 23rd** 19 **48**
that I last saw her alive on **July 23rd** 19 **48**
and that death occurred on the date and hour stated above.
Duration

Immediate cause of death **Thrombosis of left middle cerebral artery**
Due to **arteriosclerosis**
Arteriosclerotic heart disease
Other conditions.....
(Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy **Same**
PHYSICIAN
Underline the cause of which death should be charged statistically.

8. AGE: **68** Years Months **3** Days **29** If less than one day hr. min.
9. Birthplace **St. Louis Mo.**
(City, town or county) (State or foreign country)
10. Usual occupation **Housework**
11. Industry or business.....
12. Name **Erich Neeleman**
13. Birthplace **Holland**
(City, town, or county) (State or foreign country)
14. Maiden name **Anna Heideman**
15. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)
16. (a) Informant **Mr. John Rackwitz**
(b) Address **3852 Lee Ave.**
17. (a) **Burial** (b) Date thereof **7-27-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Zion Cemetery**
18. (a) Signature of funeral director **Hy. Leidner U. Co.**
(b) Address **2223 St. Louis Ave.**
19. (a) **JUL 26 1948** (b) **J. F. Bredeek**
(Date received local registrar) (Registrar's signature)

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 **W. B. Mills, M.D.** 1515 Lafayette **7/26/48**
Address..... Date signed.....

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

MOTHER FATHER

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.....

John P. Buchholz
.....
Licensed Embalmer No. 1674
P. O. Address 2223 St. Louis

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.