#79259

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 24 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31387

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8170

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

1. PLACE OF DEATH:

(a) County

(b) City or town St.Louis,Mo.
(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 Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution U (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis 96

(c) City or town Overland 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2417 Spencer 1
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME WILLIAM ROCKAWAY

3. (b) If veteran, name war —

3. (c) Social Security No. 489-10-9577

4. Sex Male U

5. Color or race Wh

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Mar 22 1874
(Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 25 If less than one day hr. min.

9. Birthplace St Louis Mo U
(City, town, or county) (State or foreign country)

10. Usual occupation plumber

11. Industry or business

FATHER
12. Name Wm Rackaway
13. Birthplace Mo U
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Held
15. Birthplace Hardin Ill 1
(City, town, or county) (State or foreign country)

16. (a) Informant Lillian Dimulty
(b) Address 8221 Brenner

17. (a) Burial (b) Date thereof 9-20-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Ortmann Funeral Home
(b) Address 9222 Lackland Overland Mo

19. (a) SEP 18 1948 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 17th
year 1948 hour 2 minute 55 A M.

21. I hereby certify that I attended the deceased from 8/9/48
, 19 , to Sept. 17th , 1948
that I last saw him alive on Sept. 17th , 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of prostate c̄ metastases	2 years
Due to	
Due to	
Other conditions arteriosclerotic heart disease (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 Paul M. Cardwell M.D. 1515 Lafayette 9/17/48 (Other)
Address Date signed

(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 Al C Ostmann

Licensed Embalmer No. 3478

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.