No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39603

BIRTH NO. FILED DEC 15 1951 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10924

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis,
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Alexian Bros. Hospital,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri,
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis,
d. STREET ADDRESS (If rural, give location) 4446 Pennsylvania Ave.,

3. NAME OF DECEASED (Type or Print)
a. (First) Bernard
b. (Middle)
c. (Last) Rakel,

4. DATE OF DEATH (Month) (Day) (Year) December 9, 1951.

5. SEX Male,
6. COLOR OR RACE White,
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married,
8. DATE OF BIRTH February 25, 1873
9. AGE (In years last birthday) 78 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Police Sergeant
10b. KIND OF BUSINESS OR INDUSTRY Retired 8 Years,
11. BIRTHPLACE (State or foreign country) St. Louis, Missouri,
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joseph Rakel,
13b. MOTHER'S MAIDEN NAME Mary Wilkenshoff,
14. NAME OF HUSBAND OR WIFE Augusta E. Rakel,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 496-28-2500-A
17. INFORMANT'S SIGNATURE OR NAME Augusta E. Rakel, **ADDRESS** 4446 Pennsylvania Ave.,

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr Myocarditis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Valvular Heart Disease
DUE TO (c) Arterio-sclerosis, generalized.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 422.1

22. *I hereby certify that I attended the deceased from* June, 1950, *to* Dec. 9, 1951, *that I last saw the deceased alive on* Dec. 8, 1951, *and that death occurred at* 9:15A. *m., from the causes and on the date stated above.*

23a. SIGNATURE John R Daly MD (Degree or title)
23b. ADDRESS 1800a SIDNEY ST. ST. LOUIS 4, MO.
23c. DATE SIGNED 12/10/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial,
24b. DATE 12/12/51
24c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cemetery,
24d. LOCATION (City, town, or county) St. Louis, Missouri, (State)

DATE RECD BY LOCAL REG. DEC 10 1951
REGISTRAR'S SIGNATURE Earl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary, **ADDRESS** 2842 Meramec St., St. Louis, 18, Mo.

(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 me

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Loron E. Percy

Licensed Embalmer No. 14094

P. O. Address 2842 Meramec St.,
St. Louis, 18, 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.