

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

12192

FILED MAR 24 1953

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

2439

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town or township) Saint Louis		c. LENGTH OF STAY (In this place) 16 Days		c. CITY (If outside corporate limits, write RURAL and give township) Saint Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		d. STREET ADDRESS (If rural, give location) 4101a West Florissant Avenue, 7,					
3. NAME OF DECEASED (Type or Print) JACOB		a. (First)		b. (Middle) J.			
		c. (Last) RAITHEL		4. DATE OF DEATH (Month) (Day) (Year) March 2nd, 1953			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			
8. DATE OF BIRTH Jan. 30th, 1876		9. AGE (In years last birthday) 77		10. IF UNDER 1 YEAR: Months Days			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Elec. Worker		10b. KIND OF BUSINESS OR INDUSTRY Anheuser-Busch Bwy.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri			
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Christian H. Raithel		13b. MOTHER'S MAIDEN NAME Mary Catherine Cramer			
14. NAME OF HUSBAND OR WIFE Ella A. Raithel nee Hollmann		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. Unknown			
17. INFORMANT'S SIGNATURE OR NAME Ella A. Raithel, 4101a West Florissant Ave.		17. ADDRESS		17. ADDRESS			
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) <u>Coronary atherosclerosis with myocardial infarction.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Cardio-vascular Disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Atelectasis both lower lung lobes</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>7 yrs.</u> <u>48 hrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4201</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:30P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Mrs. Cley. W.D.</u>		(Degree or title)		23b. ADDRESS <u>601 Humboldt Bldg</u>			
23c. DATE SIGNED <u>3/4/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE <u>3/6/53</u>			
24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>					
DATE REC'D BY LOCAL REG. MAR 4 1953		REGISTRAR'S SIGNATURE <u>Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Calvin F. Feutz, 4828 Natural Bridge Blvd.,</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Grand & Washington Blvd.,
Room 601 Je. 6525

Hours between 1:30 PM & 5:00PM

File in City

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed John A. Menden

Licensed Embalmer No. 4186

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.