

12195

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 3332

FILED APR 10 1953

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No.		Registrar's No. 3332	
1. PLACE OF DEATH a. COUNTY St. Anthony Hospital				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo					
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis - MO				c. CITY OR TOWN Saint Louis		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital				e. STREET ADDRESS 2853 Sidney		23 2239			
3. NAME OF DECEASED (Type or Print) Lena			a. (First)		b. (Middle) Rapp		c. (Last)		
4. DATE OF DEATH			(Month) 3		(Day) 27		(Year) 53		
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 3-6 1894		9. AGE (In years last birthday) 59	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-Wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Geo. Theobald			13b. MOTHER'S MAIDEN NAME Not known			14. NAME OF HUSBAND OR WIFE Geo. Rapp			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. nnnn		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Geo. Rapp 2853 Sidney				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic coronary atherosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Diabetes Mellitus Chl. hypert. benzenium						INTERVAL BETWEEN ONSET AND DEATH 6 Days 24 + 2 14	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201							
22. I hereby certify that I attended the deceased from 2-19, 1951, to 3-22, 1953, that I last saw the deceased alive on 3-22, 1953, and that death occurred at 11:15 P. M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Raymond Thomas MD				23b. ADDRESS 5203 Chryseia			23c. DATE SIGNED 3-28-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 30		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem		24d. LOCATION (City, town, or county) (State) St. Louis MO			
DATE REC'D BY LOCAL REG. MAR 30 1953		REGISTRAR'S SIGNATURE J. Carl Smith MO			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wengbennuette 3819 S. Grand				

(Licensed Embalmer's Statement on Reverse Side)

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

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
Signature of Student Embalmer

Signed *Geo J King*
King

Licensed Embalmer No. *4611*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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