

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19790**
5269

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
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 township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (In this place) 5 weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital				d. STREET ADDRESS (If rural, give location) 2099 4800 N. BROADWAY			
3. NAME OF DECEASED (Type or Print) a. (First) CARL		b. (Middle) J.		c. (Last) RASURE		4. DATE OF DEATH (Month) (Day) (Year) MAY 25, 1953	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 3		8. DATE OF BIRTH NOV 25, 1876	
9. AGE (In years: last birthday) 76		10. UNDER 1 YEAR (Months) _____		11. UNDER 1 YEAR (Days) _____		12. UNDER 1 MIN. (Hours) _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BLACK SMITH		10b. KIND OF BUSINESS OR INDUSTRY (RETIRED)		11. BIRTHPLACE (City and State or Foreign Country) DALE INDIANA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME UNKNOWN			13b. MOTHER'S MAIDEN NAME UNKNOWN			14. NAME OF HUSBAND OR WIFE ANNA (UNKNOWN)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN		16. SOCIAL SECURITY NO. 499-01-1425		17. INFORMANT'S SIGNATURE OR NAME ADDRESS CLIFF RASURE 1171 ASHLAND DR.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis INTERVAL BETWEEN ONSET AND DEATH 2 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Perforated viscus following operation DUE TO (c) Diverticulitis of colon 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input 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. HOW DID INJURY OCCUR? 5721	
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"/>		22. I hereby certify that I attended the deceased from 4-19-53 , 19____, to 5-25-53 , 19____, that I last saw the deceased alive on 5-25-53 , 19____, and that death occurred at 6:30A m., from the causes and on the date stated above.			
22a. SIGNATURE George M. Wartman M.D. (Degree or title)		22b. ADDRESS 1515 Lafayette Avenue		22c. DATE SIGNED 5-25-53			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE MAY 27 1953		23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK		23d. LOCATION (City, town, or county) (State) ST LOUIS COUNTY MO	
DATE REC'D BY LOCAL REG. MAY 26 1953		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Callen & Kelly 4386 LINDELL BLVD			

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
Student Embalmer

Signed James A. Lammers
Licensed Embalmer No. 4142

P. O. Address 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.