No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6691

BIRTH NO. FILED MAR 15 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2005

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) 10-WKS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Park Lane Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY 2127
c. CITY OR TOWN St.Louis
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ] 0
e. STREET ADDRESS (If rural, give location) 4933 West Pine Blvd.

3. NAME OF DECEASED (Type or Print)
a. (First) Augusta
b. (Middle)
c. (Last) Rashaw

4. DATE OF DEATH (Month) (Day) (Year) March 2,1954

5. SEX F. 1
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W. 3
8. DATE OF BIRTH Nov.19,1877
9. AGE (In years last birthday) 78 — If under 1 year: Months 5 Days 19 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Sioux City,Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME John P.Powell
13b. MOTHER'S MAIDEN NAME Virginia Johnston
14. NAME OF HUSBAND OR WIFE Mr.Frank Rashaw

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.
17. INFORMANT'S SIGNATURE OR NAME Mrs.Ernest J.Elgee, **ADDRESS** 5821 Clemens 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) Cerebral Hemorrhage, right.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c)

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
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

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? 331 X

22. *I hereby certify that I attended the deceased from* Jan. 30, *19*54, *to* Mar. 2, *19*54, *that I last saw the deceased alive on* Mar. 2, *19*54, *and that death occurred at* 6:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Frederick J. Smith (Degree or title) M.D.
23b. ADDRESS 4930 Lindell Blvd.
23c. DATE SIGNED 3/3/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE March5,1954
24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery
24d. LOCATION (City, town, or county) (State) St.Louis County,Mo.

DATE REC'D BY LOCAL REG. MAR 4 1954
REGISTRAR'S SIGNATURE J. Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly **ADDRESS** 3840 Lindell Blvd.
(Licensed Embalmer's Statement on Reverse Side)

NSC

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Francis Wilkinson

Licensed Embalmer No. 35

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.