

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43045

State File No.

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>2799</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fenton</u>		c. LENGTH OF STAY (In this place) <u>9 mo.</u>		c. CITY OR TOWN <u>Fenton</u>		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 <u>Fenton Nursing Home</u>				e. STREET ADDRESS (If rural, give location) <u>Fenton Nursing Home</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gustave</u>			b. (Middle)		c. (Last) <u>Raedlein</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 3 1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 23 1877</u>		9. AGE (In years last birthday) <u>77</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Polisher-</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Art-Craft Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Earnst Raedlein</u>			13b. MOTHER'S MAIDEN NAME <u>Louise Schrader</u>			14. NAME OF HUSBAND OR WIFE <u>Marie</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>489-10-6312</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Marie Raedlein Fenton Mo.</u>				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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, Gastric. Diagnosis St.L.County Hosp'54</u>						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES DUE TO (b) <u>Cardiac Thrombosis</u>						<u>12-3-54</u>	
		DUE TO (c) <u>Arteriosclerosis, generalized</u>						Unknown	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Marked senility</u>						Unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>151X</u>						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. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>10-15-54</u> , 19 <u> </u> , to <u>12-3-54</u> , 19 <u> </u> , that I last saw the deceased alive on <u>12-3-54</u> , 19 <u> </u> , and that death occurred at <u>3:12p m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Dr. Dow Rekers</u>				23b. ADDRESS <u>Box 6, Fenton Mo</u>		23c. DATE SIGNED <u>12/3/54</u>			
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-6-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>12/4/54</u>		REGISTRAR'S SIGNATURE <u>Hester K. Nambor</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jos. P. Fendler Jr.</u>		ADDRESS <u>7128 Michigan</u>			

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.....

Licensed Embalmer No. 309

P. O. Address 7128 Me

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.