

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 21 1960 318

1003

9020 -60-036476
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9020**

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, give TOWNSHIP only) OR TOWN ST. LOUIS MO		Length of stay in 1b	c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION @ Residence 4042a Natural Bridge			Inside Limits	d. STREET ADDRESS (If outside, give location) 4042a Natural Bridge Ave	
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First META Middle Last RAHE.			4. DATE OF DEATH Month Sept Day 9 Year 1960		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Jan 26 1880	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Linotype Operator		10b. KIND OF BUSINESS OR INDUSTRY Printing		11. BIRTHPLACE (City and state or country) St. Louis Mo	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME William Rahe		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE not married.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Charles Stoltze Niece W. Lexington		Address 4223			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Coronary Occlusion**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Arterio-Sclerosis**

DUE TO (c) **420.1**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

INTERVAL BETWEEN ONSET AND DEATH
1 hour

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour Month, Day, Year
s.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **1955** to **1960** and last saw ^{her} alive on **9/6/60**
Death occurred at **104:** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
William O. Money M.D.

22b. ADDRESS
231 Northland Medical Bldg

22c. DATE SIGNED
9/12/60

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE
Sept 13 '60

23c. NAME OF CEMETERY OR CREMATORY
St. John's Cemetery

23d. LOCATION (City, town, or county) (State)
St. Cyr Road, St. Louis County Mo

24. FUNERAL DIRECTOR ADDRESS
Henry Leidner Und.Co 2223 St. Louis Ave.

25. DATE RECD. BY LOCAL REG.
SEP 13 1960

26. REGISTRAR'S SIGNATURE
Earl Smith. M.D.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Albert Marshall

Licensed Embalmer No. 1307

P. O. Address St. Louis

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