DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS DEC 14 1960

60-044095
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11751

1. PLACE OF DEATH
a. COUNTY: Mo
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis — Length of stay in Ib: 25 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: D.O.A. City Hospital — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY:
c. CITY OR TOWN: St.Louis — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 2638 Nat'l.Bridge — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: May — Middle: — Last: Rapski

4. DATE OF DEATH: Month, Day, Year: December 5th.,1960

5. SEX: F.

6. COLOR OR RACE: W.

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: 5/26/1898

9. AGE (last birthday): 62 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Killin Metal Co.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Jackson Ills

12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Enck Fox

13b. MOTHER'S MAIDEN NAME: Elizabeth Nausley

14. NAME OF HUSBAND OR WIFE: Mr.Leo Rapski

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.: 489-03-0672A

17. INFORMANT: Address: Mr.Leo Rapski,2638 Nat'l.Bridge

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 — INTERVAL BETWEEN ONSET AND DEATH: 1 day
DUE TO (b): Hypertensive Cardiovascular Disease 420.1 — 8 years
DUE TO (c):
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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 [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 a.m. p.m. Month, Day, Year

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 April 1952, to Dec 5, 1960 and last saw her/him alive on Oct 7, 1960
Death occurred at 9:15 am. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Charles A. Molden, M.D.

22b. ADDRESS: 3151 N. Grand

22c. DATE SIGNED: Dec 8/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 12/8/1960

23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

23d. LOCATION (City, town, or county) (State): St.Louis,Missouri

24. FUNERAL DIRECTOR: Arthur J. Donnelly — ADDRESS: 3810 Lindell Blvd.

25. DATE RECD. BY LOCAL REG.: DEC 7 1960

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

DOCUMENT — MEDICAL CERTIFICATION — BY AFFIDAVIT OF

12-8-60

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Francis Hillis

Signature of Student Embalmer

Licensed Embalmer No. 35

P. O. Address 3840 L

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