

APR 12 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

8184  
Do not use this space.

1. PLACE OF DEATH

(a) County 1 Registration District No. 791  
(b) Township 1003 Primary Registration District No. 1003 Registered No. 1949  
(c) City St. Louis (d) Street No. En-route to City Hospital # 1. St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Viola Carolina Rake  
(a) Residence, No. 112 Rockhill Rd. Webster Groves. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 1, 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28 - 1914

I last saw h... alive on... Death is said to have occurred on the date stated above, at 6:45 a.m.

7. AGE YEARS 24 MONTHS 8 DAYS 1 If LESS than 1 day, hrs. or min.

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Mail  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

Crushed skull suffered when deceased jumped from Municipal Bridge to the ground below at 3rd and Chalmers on March 1st 1939, time unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

Other contributory causes of importance:

13. NAME Louis Rake

Name of operation... Date of... 7/0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co. Ill.

What test confirmed diagnosis? Was there an autopsy? No

15. MAIDEN NAME Anna Kraft

23. If death was due to external causes (violence), fill in also the following:

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co. Ill.

Accident, suicide, or homicide Accident Date of injury 3/1, 1939

17. INFORMANT (ADDRESS) Louis Rake Waterloo Ill

Where did injury occur? St. Louis (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL PLACE Waterloo, Ill DATE Mar. 4, 1939

Specify whether injury occurred in industry, in home, or in public place. Public Place

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. Queheim Waterloo, Illinois

Manner of injury See above

20. FILED MAR 1 1939 J. E. Beecher Local Registrar.

Nature of injury See above

24. Was disease of injury in any way related to occupation of deceased? If so, specify

(Signed) Joseph M. Quinn

(Address) Deputy Coroner

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 me  
Ben. H. Baldwin, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Ben. H. Baldwin

Licensed Embalmer No. 2420

P. O. Address E. M. Lewis &

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, above space should be left blank.