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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 22 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37134

Primary Registration District No. 1003

Registrar's No. 9364

1. PLACE OF DEATH:

(a) County: St. Louis,

(b) City or town: St. Louis, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4140 Oregon Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community ____

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000

(c) City or town: St. Louis, (If outside city or town limits, write "RURAL") 29 5 0

(d) Street No.: 4140 Oregon Ave. (If rural, give location) 0

(e) Citizen of foreign country? ____ (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME: CAROLINE RACKAWAY

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife ____

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased: Feb. (Month) 11 (Day) 1849 (Year)

8. AGE: Years 92 | Months 9 | Days 13 | If less than one day ____ hr. ____ min.

9. Birthplace: Germany (City, town, or county) 4 (State or foreign country)

10. Usual occupation: At Home

11. Industry or business ____

FATHER
12. Name: Don't Know
13. Birthplace: Don't Know (City, town or county) 1 (State or foreign country)

MOTHER
14. Maiden name: Don't Know
15. Birthplace: Don'T Know (City, town, or county) 1 (State or foreign country)

16. (a) Informant: Charles Rackaway
(b) Address: 4140 Oregon Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/27/41. (Month) (Day) (Year)
(c) Place: burial or cremation: New St Marcus Cem.

18. (a) Signature of funeral director: J. H. Gebken Lyndwood
(b) Address: 2842 Meramec St.

19. (a) NOV 26 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 24th. year 1941 hour 6:00 minute 00 P.M.

21. I hereby certify that I attended the deceased from Nov-23-41 to Nov-24 1941; that I last saw her alive on Nov-24 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis — Duration

Due to: Senility

Due to: 93 yr

Other conditions (Include pregnancy within 3 months of death): 93 yr

Major findings: Of operations ____ Of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ____
(b) Date of occurrence ____
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury ____

23. Signature: Joseph L. Ferris (M. D. or other)
Address: 4408 Sarah Street Date signed 11/24/41
Jos L. Ferris

(Licensed Embalmer's Statement on Reverse Side)

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

Joseph S. Benz, Registered Apprentice No. 218

working under my personal supervision.

Signed Loron E. Percy

Licensed Embalmer No. 409

P. O. Address 2842 Meramec St.
St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.