

No. 2
-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29113

FILED SEP 23 1942

318

State File No.

7590

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
(c) City or town St. Louis 209
(If outside city or town limits, write "RURAL")
(d) Street No. 2317 1/2 Sullivan
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT

FULL NAME Charles Rackwitz

3. (b) If veteran, No

3. (c) Social Security

name war.....

No.....

4. Sex Male 5. Color White 6. (a) Married
race White divorced
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
Rate alive 45 years
7. Birth date of deceased April 5 1890
(Month) (Day) (Year)

8. AGE:

Years 52 Months 5 Days 5 If less than one day
hr. min.

9. Birthplace

St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation

Painter

11. Industry or business

12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant

Mrs. Katie Rackwitz

(b) Address

2317 1/2 Sullivan

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 9-12-42
(Month) (Day) (Year)

(c) Place: burial or cremation

Memorial Park

18. (a) Signature of funeral director

Chas. F. Stuart

(b) Address

1225 Morgan Blvd.

19. (a) SEP 11 1942
(Date received local registrar)

(b) J. W. Brudeck
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 10
year 1942 hour 12:00 minute Noon M.

21. I hereby certify that I attended the deceased from September
8, 1942, to September 10, 1942;
that I last saw him alive on September 10, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death

Branchioectasis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Marked bilateral Branchioectasis
Of autopsy: and Pul. Emphysema

Duration

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?

While at work?.....

(Specify type of place)

(e) Means of injury.....

23. Signature William J. Oark (M. D. or other).....
Address 1515 Lafayette Avenue, Date signed 9/10/42

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

MOTHER FATHER

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Bernard A. J. Stuart

Licensed Embalmer No.....

3500

P. O. Address.....

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, fact should be so stated above.