

No. 2
8-13
7-39
X37823

FILED FEB 7 1945 318

Registration District No. _____ Primary Registration District No. 1003

Registrar's No. _____

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 St. Louis Children's Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 2 times - 6 days
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Felix Arthur Rakita

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 11 7 44
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 20 hr. min.

9. Birthplace ST LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business CHILD

MOTHER FATHER { 12. Name FELIX RAKITA
13. Birthplace E ST LOUIS ILL
(City, town, or county) (State or foreign country)
14. Maiden name LUCILLE CODDINGTON
15. Birthplace E ST LOUIS ILL
(City, town, or county) (State or foreign country)

16. (a) Informant Felix Rakita
(b) Address 640 N 9 ST

17. (a) EST LOUIS (b) Date thereof JAN 27 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation E ST LOUIS

18. (a) Signature of funeral director Robins Funeral Home
(b) Address 417 N 8 ST E St Louis Ill

19. (a) JAN 30 1945 (b) J. F. Madock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILL (b) County ST CLAIR
(c) City or town E ST LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 640 N 9 ST
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 27
year 45 hour 6 minute 25 AM

21. I hereby certify that I attended the deceased from 11-21-44, 1944, to 1-27, 1945;
that I last saw him alive on 1-27, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Septicemia due to B. coli & Streptococci

Due to congenital Bilateral Hydrocephalus & Hydroaunsters
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Bilateral Hydrocephalus & Hydroaunsters

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 Gilbert B. Forbes (M. D. or other) _____
Address 500 So. Kingshighway Date signed _____

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

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

932

286

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*

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

Signed *Ben H. Baldwin*

Licensed Embalmer No. *2420*

P. O. Address *East St. Louis Ills*

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.