

No. 300  
10.48

FILED DEC 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43293

State File No. ....

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 04744

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Louis City</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Koch</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Robert Koch Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>3782 Lee</u>	
3. NAME OF DECEASED a. (First) <u>Herman</u> b. (Middle) <u>Charles</u> c. (Last) <u>RACKWITZ</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-20-1949</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>9-14-1882</u>
9. AGE (In years last birthday) <u>67 yrs</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u>	11. BIRTHPLACE (State or foreign country) <u>Berlin, Germany</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>August Rackwitz</u>		13b. MOTHER'S MAIDEN NAME <u>Emelie Schultz</u>	14. NAME OF HUSBAND OR WIFE <u>Mathilda Rackwitz</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>?</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Records of Robert Koch Hospital</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Bronchogenic Carcinoma</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>162X</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>11-4-</u> , 19 <u>49</u> , to <u>12-20-</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>12-20-</u> , 19 <u>49</u> , and that death occurred at <u>10:42 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Axel R. Bronan, M.D.</u>		23b. ADDRESS <u>Robert Koch Hospital</u>	23c. DATE SIGNED.
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-24-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo</u>
DATE REC'D BY LOCAL REG. <u>12-21-49</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Leidner U., 2223. St. Louis Ave.</u>	

(Licensed Embalmer's Statement on Reverse Side)

JAN 5 1961

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *John P. Beckholz*  
Licensed Embalmer No. *1674*  
P. O. Address *2223 St. Louis A*

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.