

FILED APR 4 1950 STANDARD CERTIFICATE OF DEATH

11527

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 721

1. PLACE OF DEATH
 a. COUNTY St. Louis
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson Barracks, Mo.
 c. LENGTH OF STAY (in this place) 40 Days
 d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Vets. Adm. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Illinois b. COUNTY St. Clair
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mascoutah
 d. STREET ADDRESS (If rural, give location) Rural Route #1

3. NAME OF DECEASED
 (Type or Print)
 a. (First) OSCAR A. RAKERS b. (Middle) _____ c. (Last) _____

4. DATE OF DEATH (Month) (Day) (Year)
3 - 17 - 1950

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SINGLE Single

8. DATE OF BIRTH 10-4-1917

9. AGE (In years last birthday) 32 yrs # UNDER 1 YEAR Months _____ Days _____ # UNDER 1 HR. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postal Trans Clerk

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Aviston, Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Gerhard Rakers

13b. MOTHER'S MAIDEN NAME Frances Helleman

14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes

(If yes, give war or dates of service) World War II

16. SOCIAL SECURITY NO. 710095939

17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA. Hospital Records

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, ashenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHOGENIC CARCINOMA
 ANTECEDENT CAUSES
 Morbid 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.

INTERVAL BETWEEN ONSET AND DEATH Unknown

19a. DATE OF OPERATION 2-23-50

19b. MAJOR FINDINGS OF OPERATION Inoperable branchogenic carcinoma

20. AUTOPSY? YES NO

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) 162X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____
VA

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 2-7-50, 1950, to 3-17-50, 1950, ~~and that death occurred at~~ and that death occurred at 10:55P.m., from the causes and on the date stated above.

23a. SIGNATURE Joseph E. Johnson (Degree or title) M.D.

23b. ADDRESS Vet. Adm. Hosp., Jeff. Brks. Mo.

23c. DATE SIGNED 3-18-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Remove

24b. DATE March 18, 1950

24c. NAME OF CEMETERY OR CREMATORY Holy Childhood Cath.

24d. LOCATION (City, town, or county) (State) St. Clair Illinois

DATE REC'D BY LOCAL REG. 3-20-50

REGISTRAR'S SIGNATURE Herbert R. Dombke

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Emmet S. L. Moll. Mascoutah, Ill.

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

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.....

Not Embalmed

working under my personal supervision.

Student Embalmer No.....

Signed..... *Emmet G. L. Moll*

Signed.....
Student Embalmer

Licensed Embalmer No. *2898*

P. O. Address *Muscatuk, Ill*

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.