

FILED OCT 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32233

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 2268	
1. PLACE OF DEATH a. COUNTY St. Louis Co.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 2½ yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2009	
d. FULL NAME OF HOSPITAL OR INSTITUTION Miller Home				d. STREET ADDRESS (If rural, give location) 1			
3. NAME OF DECEASED a. (First) Millie (Type or Print) Nettie		b. (Middle) _____		c. (Last) Rasch Rasch		4. DATE OF DEATH (Month) (Day) (Year) Sept. 23, 1950	
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-26-1876		9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 8	IF UNDER 1 YEAR Days 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Kimmswick, Missouri		12. CITIZEN OF WHAT COUNTRY U.A.S.	
13a. FATHER'S NAME Edward Rasch		13b. MOTHER'S MAIDEN NAME Elizabeth		14. NAME OF HUSBAND OR WIFE Divorced			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____			
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) Acute Myocarditis 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. Diabetes				INTERVAL BETWEEN ONSET AND DEATH 3 days 431X 1 yr.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		431X	
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 (Month) (Day) (Year) (Hour) OF INJURY _____	
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 9/21/1950, to 9/23/1950 that I last saw the deceased alive on 9/22/1950, and that death occurred at 4 P. M., from the causes and on the date stated above.							
23a. SIGNATURE W. H. Walter, M.D. (Degree or title)				23b. ADDRESS 3608 S. Grand Blvd.		23c. DATE SIGNED 9/23/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-25-50	24c. NAME OF CEMETERY OR CREMATORY St. Joseph		24d. LOCATION (City, town, or county) (State) Kimmswick, Missouri		
DATE REC'D BY LOCAL REG. 9-23-50		REGISTRAR'S SIGNATURE H.R. Dombke, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Heiligtag Funeral Home		ADDRESS Kimmswick, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Elmer A. Heiligtag

Signed.....
Student Embalmer

Licensed Embalmer No. *3571*

P. O. Address *Timminick*

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

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