

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7865

State File No.

FILED FEB 25 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1355**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2129	
d. FULL NAME OF HOSPITAL OR INSTITUTION Res. 520a Walton Ave.		d. STREET ADDRESS (If rural, give location) 520a Walton Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) Gustave b. (Middle) Frederick c. (Last) Rako			4. DATE OF DEATH (Month) (Day) (Year) Feb. 2, 1953		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 24, 1873	9. AGE (In years last birthday) 79yrs	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter Foreman	10b. KIND OF BUSINESS OR INDUSTRY (General Cable)	11. BIRTHPLACE (City and State or Foreign Country) Huett, Wisconsin	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Frederick Rako	13b. MOTHER'S MAIDEN NAME Henrietta Schman	14. NAME OF HUSBAND OR WIFE Laura Rako
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Spanish Am. War	16. SOCIAL SECURITY NO. 493-07-8391	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Laura Rako 520a Walton Ave.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH few days 1 week
	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. hypertension 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 481x
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22. I hereby certify that I attended the deceased from **1-20-1953** to **2-2-1953**, that I last saw the deceased alive on **2-2-1953**, and that death occurred at **9 P m.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Clyde B. Kane M.D.	23b. ADDRESS 706 Walton	23c. DATE SIGNED 2-3-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Feb. 5, 1953	24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
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DATE REC'D BY LOCAL REG. FEB 4 1953	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] 6175 Delmar
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

Dr. Kane, Chas E
Delmar & Walton
Bo 1686

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 jos. E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6174 Delmar

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.