

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

How

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

BIRTH NO. _____		REG. DIST. NO. <u>517</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>1384</u>			
1. PLACE OF DEATH a. COUNTY <u>St Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St Louis</u>					
b. CITY OR TOWN <u>Rural - Meramec Exp.</u>		c. LENGTH OF STAY (in this place) <u>40 years</u>		c. CITY OR TOWN <u>Meramec Exp.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Allenton R.F.D.</u>				e. STREET ADDRESS (If rural, give location) <u>R.F.D. Allenton Larned Rd.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>Ralph</u> c. (Last) <u>Rademacher</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 12, 1954</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widowed</u>		8. DATE OF BIRTH <u>Oct. 24, 1888</u>			
9. AGE (In years last birthday) <u>65</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Run farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Prakow Mo.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Casper Rademacher</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Skelbriink</u>		14. NAME OF HUSBAND OR WIFE <u>Maris Rademacher</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>WW #1</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Delores Kasten</u>		ADDRESS <u>Allenton, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY infarction.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1/2 hr</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Left Ventricular Block -</u>				DUE TO (c) <u>CHRONARY insufficiency.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive heart -</u>									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		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)			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from <u>JUN 2, 1952</u> , to <u>JUN 12, 1954</u> , that I last saw the deceased alive on <u>JUN 12, 1954</u> , and that death occurred at <u>12:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Dr. J. C. Miller M.D.</u>				23b. ADDRESS <u>Pacific Mo.</u>		23c. DATE SIGNED <u>6/14/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>June 15, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Bridget's Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Pacific Mo.</u>			
DATE REC'D BY LOCAL REG. <u>6/14/54</u>		REGISTRAR'S SIGNATURE <u>Hebert B. Stankovic</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. L. Shelden</u>		ADDRESS <u>Pacific Mo.</u>			

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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.....
Signature of Student Embalmer

Signed *Geo. L. Heiber*.....

Licensed Embalmer No. *3008*.....

P. O. Address *Pacific*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.