

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 18 1956

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43713
STATE FILE NUMBER
10969

Registration District No. Primary Registration District No. Registrar's

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital		Length of stay in lb 5 days	d. STREET ADDRESS 1515 4420a Beethoven		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Margaret Rafalowski			4. DATE OF DEATH Month Day Year Nov. 29th. 1956			
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 8th. 1892	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cleaning woman		10b. KIND OF BUSINESS OR INDUSTRY Stanley HomePr.	11. BIRTHPLACE (City and state or country) St. Louis Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Robert Charles Wolff			14. MOTHER'S MAIDEN NAME U.K.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO.	17. INFORMANT Margaret Doyle 4420 Beethoven			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fracture of Skull; DUE TO (b) Brain Injury; DUE TO (c) E902X Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 9023 12					INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL ILLNESS CONDITION GIVEN IN PART I (g) Suffered in fall from ladder while working at Stanley Products Co., 4607 The Bee Avenue, St. Louis, Mo. 63108					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of accident in Part I or Part II of item 18) Working at Stanley Products Co., 4607 The Bee Avenue, St. Louis, Mo. 63108	20c. TIME OF INJURY Hour Month, Day, Year 11:18 a. m. 11 26 56	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Factory	20f. CITY, TOWN, OR LOCATION St. Louis Mo. 63108	
21. I attended the deceased from 11:00 P.M. to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Patrick P. Taylor Caraver			22b. ADDRESS 1300 Clark		22c. DATE SIGNED 11-30-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 12-3-1956	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) St. Louis Missouri			
24. FUNERAL DIRECTOR Arthur J. Donnelly		ADDRESS 3840 Lindell Bldg	25. DATE RECD. BY LOCAL REG. NOV 30 1956	26. REGISTRAR'S SIGNATURE Paul Smith MD		

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms or signs of disease in Part I must be casually related. Caraver cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 me....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. L. Lapham.....
Licensed Embalmer No. 46
P. O. Address 340.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.