

FILED DEC 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43715**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11493**

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

1. PLACE OF DEATH a. COUNTY		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. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 3 wks		e. STREET ADDRESS (If rural, give location) 2061 5577 Hebert St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION: De Paul Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) RACHEL b. (Middle) RAIDT c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Dec. 13, 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Feb. 26, 1858
9. AGE (In years last birthday) 88		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) <input checked="" type="checkbox"/> New Madrid, Missouri
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Home	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Willett		13b. MOTHER'S MAIDEN NAME Susan Bassett		14. NAME OF HUSBAND OR WIFE Basil M. Raidt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lloyd A. Raidt, Ferguson, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, kidney failure, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive-Cardio-vascular Disease ANTECEDENT CAUSES Morbidity 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. Carcinoma of left breast Fracture of right femur		INTERVAL BETWEEN ONSET AND DEATH 443 x H	
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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) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) home 5577 Hebert		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mad	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11 25 56 7P.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell on floor	

22. I hereby certify that I attended the deceased from **11/25, 1956**, to **12/13, 1956**, that I last saw the deceased alive on **12/13, 1956**, and that death occurred at **9:25 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE Hugo F. Bergman M.D. (Degree or title)		23b. ADDRESS 3720 Washington		23c. DATE SIGNED 12/14/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-17-56		24c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery	
24d. LOCATION (City, town, or county) (State) New Madrid, Missouri					

DATE REC'D BY LOCAL REG. DEC 14 1956		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WHITE CHAPEL, FERGUSON, MISSOURI	
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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 *Eleanora Poivree*.....

Licensed Embalmer No. 3403.....

P. O. Address Jennings, Mo.

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.