

015-103-01740

TEXAS DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
STATE OF TEXAS  
CERTIFICATE OF DEATH

113.01 23

STATE FILE NO. 22983

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NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

1. PLACE OF DEATH a. COUNTY <b>Bexar</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Texas</b> b. COUNTY <b>Bexar</b>	
b. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN <b>San Antonio</b>		c. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN <b>San Antonio</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Aldersgate Methodist Church</b>		d. STREET ADDRESS (If rural, give location) <b>2014 W. Ridgewood</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Henry</b>		b. (Middle) <b>J.</b>	
c. (Last) <b>Raessener</b>		4. DATE OF DEATH <b>5-13-56</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Sept 15, 1893</b>
9. AGE YEARS <b>62</b> MONTHS <b>7</b> DAYS <b>28</b>		IF UNDER 24 hrs. Hours Mts.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Civil Service</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>retired</b>	
11. BIRTHPLACE (State or foreign country) <b>Lexington, Tex.</b>		12. FATHER'S NAME <b>John C. Raessener</b>	
BIRTHPLACE <b>Germany</b>		13. MOTHER'S MAIDEN NAME <b>Mary Grusendorf</b>	
BIRTHPLACE <b>Tex.</b>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes WMI</b>	
15. SOCIAL SECURITY NO. <b>unknown</b>		16. INFORMANT'S SIGNATURE <i>Therese Grusendorf Cook</i>	
17. 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>coronary occlusion</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>coronary thrombosis</b> DUE TO (c) <b>coronary sclerosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>congestive heart failure</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>3 years</b>		18a. DATE OF OPERATION	
18b. MAJOR FINDINGS OF OPERATION		19. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE (Specify)	20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20c. (CITY, TOWN, OR PRECINCT NAME) (COUNTY) (STATE) <b>TEXAS DEPARTMENT OF HEALTH</b>	
20d. TIME OF INJURY (Month) (Day) (Year) (Hour)	20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. HOW DID INJURY OCCUR? <b>REC'D MAY 23 1956</b> <b>BUREAU OF VITAL STATISTICS</b>	
21. I hereby certify that I attended the deceased from <b>May 25, 1955</b> , to <b>May 13, 1956</b> , that I last saw the deceased alive on <b>April 5, 1956</b> , and that death occurred at <b>10 P.</b> m., from the causes and on the date stated above.			
22a. SIGNATURE (Describe or title) <i>D. J. McMahon, Jr.</i> MD		22b. ADDRESS <b>San Antonio, Tex.</b>	
22c. DATE SIGNED <b>5-14-56</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>5-15-56</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Roselawn Mem. Park</b>	
23d. LOCATION (City, town, or county) (State) <b>San Antonio, Tex.</b>		24. FUNERAL DIRECTOR'S SIGNATURE <i>Akers Funeral Home</i> 1042	
25a. REGISTRAR'S FILE NO. <b>1617</b>	25b. DATE REC'D BY LOCAL REGISTRAR <b>MAY 14 1956</b>	25c. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

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