

REC'D SEP 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

27584

Do not use this space.

7598

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township **ST. LOUIS** Primary Registration District No. **1008**
(c) City **ST. LOUIS** (d) Street No. **6909 Arthur** St. **15-D**
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. **6909 Arthur** St. **3** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **widower**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Lucy Raub.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 26 1854**

7. AGE YEARS **83** MONTHS **7** DAYS **28** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc. **Retired**
9. Industry or business in which work was done, as saw mill, bank, etc. **Railway Mail Clk.**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Davenport Iowa**

13. NAME **Christian Raub.**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Louise Von Schirach**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Meta R. Smith 6909 Arthur Av.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **No Crematory** DATE **8-27 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Witt Bros. Lx U.C. 2929 S. Jefferson Av.**

20. FILED **AUG 26 1938** **J.D. Buehler**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 24 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 17 1937**, to **Aug 24 1938**

I last saw him alive on **Aug 24 1938**. Death is said to have occurred on the date stated above, at **3 P.M.**

The principal cause of death and related causes of importance were as follows:

Coronary Heart Failure Date of onset **?**
Myocardial Infarction **12-17-37**

Other contributory causes of importance: **Arterial Hypertension 1-7-38**

Name of operation Date of
What test confirmed diagnosis? **clinical** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify

(Signed) **A.T. Quinn** M. D.
(Address) **6917 Taylor**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, *Paul A. Shanklin*

Licensed Embalmer No.

3472

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

Paul A. Shanklin

L. E.

No. *3472* or by

Registered Apprentice No.

working under my personal supervision.

Signed

Paul A. Shanklin

Licensed Embalmer No.

3472

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.)