No. 2
13-40
17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36323

Registration District No. 784 Primary Registration District No. 106 Registrar's No. 1978

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 139 E. Clinton Pl.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 217 E. Clinton Pl.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Louise Maria Raaf
3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 22 (Day) 1874 (Year)

8. AGE: Years	Months	Days	If less than one day
66	7	26	hr. min.

9. Birthplace Collinsville Ill. (City, town, or county) (State or foreign country)
10. Usual occupation Nil
11. Industry or business
12. Name Andrew G. Raaf (FATHER)
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name P. Tueffel (MOTHER)
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Mrs G. N. Bopp
(b) Address 217 E. Clinton Pl Kirkwood Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-20-1940 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Park Hill Cem
18. (a) Signature of funeral director Louis H Bopp Inc
(b) Address 131 W. Argonne Dr Kirkwood Mo
19. (a) OCT 18 1940 (Date received local registrar) (b) R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18 year 1940 hour 4:45 minute A. M.
21. I hereby certify that I attended the deceased from October 11th, 1940, to October 18, 1940, that I last saw h. ex alive on Oct. 17th, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Chron. Myocarditis
Arteriolar Nephro Sclerosis
Hypertension

Due to

Due to 131

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature C. B. Walters (M. D. ~~or other~~) 1
Address Kirkwood, Mo Date signed 10-18-40

(Licensed Embalmer's Statement on Reverse Side)

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 Louis H Bopp, Registered Apprentice No. ..... working under my personal supervision.

Signed Louis H Bopp

Licensed Embalmer No. 721

P. O. Address Pikewood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.