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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 388

FILED FEB 25 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 388

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

**1. PLACE OF DEATH:**

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: DePaul Hospital D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County St. Louis 96

(c) City or town University City N.R3
(If outside city or town limits, write "RURAL")

(d) Street No. 7320 Dartmouth Ave. 5
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Melba A. Rahing

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

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 July (Month) 24 (Day) 1906 (Year)

8. AGE: Years 34 Months 5 Days 19 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation School Teacher

11. Industry or business University City School

MOTHER FATHER

12. Name George E. Rahing

13. Birthplace St. Louis (City, town, or county) Mo. D (State or foreign country)

14. Maiden name Augusta Goergen

15. Birthplace St, Louis (City, town, or county) Mo. D (State or foreign country)

16. (a) Informant Geo. E. Rahing

(b) Address 7320 Dartmouth

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-16-41 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd. 8411

19. (a) JAN 14 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan. day 13
year 1941 hour 11 minute 15 A. M.

21. I hereby certify that I attended the deceased from Dec 23, 1940, to Jan 13, 1941;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death General Peritonitis | 10 dos |
| Due to Ulcus & Hemorrhagia of Bowels | 12 dos |
| Due to | |
| Other conditions Pleurisy with Effusion (Include pregnancy within 3 months of death) | 7 dos |
| No pneumonia | |

Major findings:
Of operations
Of autopsy

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 D

23. Signature B. F. Sneeg (M. D. or other)

Address 1875 Madison Date signed

(Licensed Embalmer's Statement on Reverse Side)

1875 [illegible]
Cev 2063
1-2-3-[illegible]

## 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Warren A. Carver

Licensed Embalmer No. 353x

P. O. Address.....

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

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