

No. 2  
1-4-41  
17-39  
X26390

FILED APR 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **9166**  
Registrar's No. **2576**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **St. John's Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3-Weeks**  
In this community **58 Years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **St. Louis**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4136 W. Pine Blvd.**  
(If rural, give location)  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **Emil Joseph Raemdonck**  
(b) If veteran, name war **None**  
(c) Social Security No. **None**

4. Sex **M.** 5. Color or race **W.**  
6. (a) Single, widowed, married, divorced **M.**  
6. (b) Name of husband or wife **Grace Raemdonck**  
6. (c) Age of husband or wife if alive **55** years  
7. Birth date of deceased **June 11th., 1878**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**62** **9** **10** hr. min.

9. Birthplace **Belgium**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Plumber**

11. Industry or business

12. Name **Leo Raemdonck**  
13. Birthplace **Belgium**  
(City, town, or county) (State or foreign country)

14. Maiden name **Ellen Copieter**  
15. Birthplace **Belgium**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Grace Raemdonck**  
(b) Address **4136 West Pine Blvd.**

17. (a) **Burial** (b) Date thereof **3-24-1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary**

18. (a) Signature of funeral director **Arthur J. Donnelly**  
(b) Address **3840 Lindall Blvd.**

19. (a) **MAR 22 1941** (b) **J. Brudick**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **march** day **21**  
year **1941** hour **4:30 AM** minute **M.**  
21. I hereby certify that I attended the deceased from **march 2**  
**2**, 19**41**, to **march 21**, 19**41**  
that I last saw him alive on **march 20**, 19**41**  
and that death occurred on the date and hour stated above.

Immediate cause of death

**Carcinoma of Pancreas** 3 months  
(primary in pancreas)  
Due to

Due to **Hb**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **advanced carcinoma**

Of autopsy **no**

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature **Wm P. Glenroy** (M. D. or other)

Address **University Club Bldg** Date signed **3/21/41**

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

5

1-3  
Wm. Van Matre 5663

**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

*W. Van Matre*

Licensed Embalmer No.

*2825*

P. O. Address

*7340 Lafayette*

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