No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

State File No. 20372

Registration District No. 791 Primary Registration District No. / Registrar's No. 5184

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

1. PLACE OF DEATH:

(a) County

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

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

(d) Length of stay: In hospital or institution 72 das (Specify whether

In this community 15 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 500

(c) City or town St. Louis 1720 (If outside city or town limits, write "RURAL")

(d) Street No. 2237a St. Louis ~~Ave~~ 9 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Henry Rahmoeller

3. (b) If veteran, name war no

3. (c) Social Security No. 497-09-4661

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Margaret Rahmoeller

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased July 7, 1894 (Month) (Day) (Year)

8. AGE: Years 46 Months 11 Days 14 If less than one day hr. min.

9. Birthplace Illmo MO ~~Illinois~~ (City, town, or county) (State or foreign country)

10. Usual occupation Store Clerk

11. Industry or business

FATHER
12. Name Charles Rahmoeller
13. Birthplace Illmo MO ~~Illinois~~ (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Chrestina Burch
15. Birthplace Illmo MO ~~Illinois~~ (City, town, or county) (State or foreign country)

16. (a) Informant Margaret Rahmoeller

(b) Address 2237a St. Louis Ave

17. (a) burial (Burial, cremation, or removal) (b) Date thereof June 25, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Goodhart Goodhart

(b) Address 2228 St. Louis Ave

19. (a) JUN 24 1941 (Date received local registrar) (b) J. H. Bridech (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22 year 1941 hour 10 minute 20 P. M.

21. I hereby certify that I attended the deceased from Feb. 16, 1941, to June 22, 1941, that I last saw him alive on June 22, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease

Due to Arteriosclerosis and Hypertension

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Arteriosclerotic and Dilated Heart

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 Foster A. Dill (M. D. or other) MD

Address 7346 A Manchester Date signed 6/24/41

(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.....

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

working under my personal supervision.

Signed Maple A. Cashion

Licensed Embalmer No. 3949

P. O. Address St. Louis Mo.

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

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