

FILED OCT 19 1943

Registration District No. 318

Primary Registration District No. 1003

33446
State File No.

Registrar's No. 8872

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 German Desloge Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mos. 7 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MARY RAHM

3. (b) If veteran, name war --- 3. (c) Social Security No. ---

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Adolph 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased March 30 1887
(Month) (Day) (Year)

8. AGE: Years 56 Months 6 Days 5 If less than one day --- hr. --- min.

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

10. Usual occupation Housewife

11. Industry or business Own home

12. Name Joseph Schneegongu

13. Birthplace Switzerland
(City, town, or county) (State or foreign country)

14. Maiden name Anna Feldmann

15. Birthplace Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant Adolph Rahm

(b) Address 9225 Arline Overland

17. (a) Burial (b) Date thereof Oct 1, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon

18. (a) Signature of funeral director Baumert Bros. Inc.

(b) Address 2504 Woodward Overland

19. (a) OCT 7 1943 (b) J. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Overland
(If outside city or town limits, write "RURAL.")
(d) Street No. 9225 Arline N.R.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Oct day 5
year 1943 hour 3 minute 10 P. M.

21. I hereby certify that I attended the deceased from August 1st 1943 to Oct 5 1943
that I last saw h. or alive on Oct 5 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to Chronic Parenchymatous Nephritis

Due to Diabetes Mell 61

Other conditions Diabetes Mell 61
(Include pregnancy within 3 months of death)

Major findings: Of operations ---

Of autopsy Kidney & testicles

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) (a) means of injury ---

23. Signature J. Brebeck (M. D. or other) ---
Address 3206 Lafayette Date signed Oct 7/43

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

MOTHER FATHER

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.....

Oscar F. Mueller

Licensed Embalmer No.....

3039

P. O. Address.....

Overland Mo

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.