

S. No. 2
 DM-2-43
 v. 5-17-39
 I X3597

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

13238

FILED APR 20 1944

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3251**

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:
Christian Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 12 days
(Specify whether
 In this community _____ ?
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town Florissant
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Victor G. Raup
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 5th
 year 1944 hour 4:50 minute _____ P. M.
 21. I hereby certify that I attended the deceased from 3-11-44
 19. _____ to 4-5-44 19. _____
 that I last saw him alive on 4-5-44 19. _____
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Adeline Raup 6. (c) Age of husband or wife if alive 49 years
 7. Birth date of deceased October 8, 1892.
(Month) (Day) (Year)

Immediate cause of death:
Coronary thrombosis
 Due to chronic myocarditis
 Due to chronic nephritis
 Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
51 5 28 _____ hr. _____ min.
 9. Birthplace Catawissa, Pennsylvania
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
PHYSICIAN

 Underline the cause to which death should be charged statistically.

10. Usual occupation Truck Farmer
 11. Industry or business _____
MOTHER FATHER
 12. Name Louis H. Raup
 13. Birthplace _____ Pennsylvania
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Stein
 15. Birthplace _____ Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Adeline Raup,
 (b) Address Florissant, Mo.
 17. (a) Burial (b) Date thereof Apr. 8, 1944.
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park Cemetery

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 J. F. Bruleck (M.D. or other) M.D.
 Address 5074 N. Union Date signed 4-7-44

18. (a) Signature of funeral director CALVIN F. PEUTZ FUNERAL HOME
 (b) Address 4828 Natural Bridge Blvd.
 19. (a) APR 7 1944 (b) J. F. Bruleck
(Date received local registrar) (Registrar's signature)

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

00
 1

W. J. ...
M. H. ...
10:11 a.m.

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 Emb Cert filed separate

Licensed Embalmer No.....

P. O. Address.....

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.