DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34130

Registration District No. 111 — Primary Registration District No. 4183 — Registrar's No. 26

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

36 2 0

1. PLACE OF DEATH:

(a) County Franklin

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

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

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 3 weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Brown Twp. (If outside city or town limits, write "RURAL")

(d) Street No. Rural - Melrose Rd. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country No.

3. (a) PRINT FULL NAME AUGUSTA RAHM

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

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 Feb. (Month) 28 (Day) 1864 (Year)

8. AGE: Years 80 Months 8 Days 0 If less than one day ..... hr. ..... min.

9. Birthplace Melrose (City, town, or county) Mo - (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business Own home

FATHER
12. Name WILLIAM RAHM,
13. Birthplace (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name AMALIA MELCHOIR
15. Birthplace (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant Caroline Jordan Leuthauser

(b) Address 299 Frieda Ave - Kirkwood, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof OCT - 30 - 1944 (Month) (Day) (Year)

(c) Place: burial or cremation JORDAN PRIVATE CEM

18. (a) Signature of funeral director SCHRADER FUNERAL HOME

(b) Address BALLWIN, Mo.

19. (a) Oct - 31/44 (Date received local registrar) (b) Blanch C Fletcher (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month OCT - day 28 year 1944 hour 5 minute 0 A. M.

21. I hereby certify that I attended the deceased from Oct 7-44, 19..., to Oct 27, 1944 that I last saw her alive on Oct 27, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage — Duration 21 days

Due to Arteriosclerosis — not known

Due to 83A'

Other conditions (Include pregnancy within 3 months of death)

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 0

23. Signature A. J. McNay (M. D. or other)

Address Pacific Mo. Date signed 10-28-44

1118

(Licensed Embalmer's Statement on Reverse Side)

1944

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 11-4-44

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 Theo Schrader

Licensed Embalmer No. 3066

P. O. Address Ballwin, 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.