

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2128**

2128

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: Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months
In this community Life
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Walter Rambach

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

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced, widowed 2
6. (c) Age of husband or wife if alive 10 years 1877
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 21 If less than one day hr. min.

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

10. Usual occupation Assistant Traffic Mgr
Mo Pacific RR Co.;

11. Industry or business _____
MOTHER FATHER
12. Name Alfons Rambach
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Eisermann
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Theodore Rambach
(b) Address 3429 Halliday, St. Louis, Mo

17. (a) Burial (b) Date thereof 3-4-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Bellfontaine Cemetery
C. HOFFMEISTER COLONIAL MORTUARY

18. (a) Signature of funeral director _____
(b) Address 6464 Chippewa, St. Louis, Missouri

19. (a) MAR 4 1948 J. F. Brudeck
(Date registered by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town ST. Louis 17
(If outside city or town limits, write "RURAL") 0
(d) Street No. 3429 Halliday 116
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1
year 1946 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from Jan. 20, 1946, to March 1, 1946
that I last saw him alive on March 1, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Carcinoma of side of neck

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

Major findings: Of operations 55
Of autopsy _____

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) (c) Means of injury _____
23. Signature Emilio J. Brudeck (M. D. or other) _____
Address 1755 S. Grand Date signed 3/1/46

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

10469

FILED MAR 18 1946 318

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 *Linus C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broadway*

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.