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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11562

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2317

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000 17

(c) City or town ST. LOUIS 96
(If outside city or town limits, write "RURAL")

(d) Street No. 1470 HODIAMONT AVE
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Louis Raumm

3. (b) If veteran, name war ✓

3. (c) Social Security No. 494-09-0055

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife ROBERTSON

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

7. Birth date of deceased NOV (Month) 2 (Day) 1880 (Year)

8. AGE: Years 65 Months 4 Days 4 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) Mo (State or foreign country)

10. Usual occupation MAINTENANCE MAN

11. Industry or business 1470 HODIAMONT AVE

FATHER
12. Name UNKNOWN
13. Birthplace " (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace " (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marie Yeager
(b) Address 1107 Paul St.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR 9 1946 (Month) (Day) (Year)
(c) Place: burial or cremation ST. MATTHEWS

18. (a) Signature of funeral director John B Collins & Bro
(b) Address 928 W. Grand Blvd

19. (a) MAR 9 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6th year 1946 hour 11:45 minute P M.

21. I hereby certify that I attended the deceased from 2/28/46, 19..., to 3/6/46, 19...; that I last saw him alive on 3/6/46, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Lung

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 D

23. Signature John L. Lemmer 1515 Lafayette 3/17/46 (M.D. or other)

Address Date signed

(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.....Albert H. Hoffe.....

Licensed Embalmer No.....1866.....

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.