. S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40091

FILED NOV 22 1947

Local Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 10225

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: 2358 A KLEMM
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: 000

(c) City or town: ST. LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No.: 2358 A KLEMM 9
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME: EMMA E RAMMELKAMP

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: FEMALE

5. Color or race: WHITE

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

6. (b) Name of husband or wife: ADOLPH

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

7. Birth date of deceased: JAN (Month) 23 (Day) 1861 (Year)

8. AGE: Years 86 | Months 9 | Days 15 | If less than one day hr. min.

9. Birthplace: ST. LOUIS (City, town, or county) MO. (State or foreign country) 0

10. Usual occupation: HOUSEWORK

11. Industry or business: HOME

FATHER
12. Name: WM. GAUSMANN
13. Birthplace: GERMANY (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name: ELIZ. VOSBRINK
15. Birthplace: GERMANY (City, town, or county) (State or foreign country) 4

16. (a) Informant: WM. A. RAMMELKAMP
(b) Address: SAUM HOTEL

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: NOV 10-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: BELLEFONTAINE CEM.

18. (a) Signature of funeral director: Wm. J. Robert & Son
(b) Address: 1905 S. Grand Blvd.

19. (a) NOV 8 - 1947 (Date received by local registrar) (b) J. F. Bruce (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 8 year 1947 hour minute 11 A.M.

21. I hereby certify that I attended the deceased from May 16, 1944 to Nov 8, 1947 that I last saw h alive on Nov 8, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Bowel obstruction — Duration

Due to: Closure of bowel probably due to carcinoma

Due to: Senile

Other conditions (Include pregnancy within 3 months of death): none

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State): none
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place): NO
(e) While at work? (e) Means of injury: 0

23. Signature: W. H. Clithero (M. D. or other)
Address: 966 Carleton Bldg. Date signed: 11-8-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) W.H. Clithero

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

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.....Rex Campbell.....

Licensed Embalmer No.....3881.....

P. O. Address.....St Louis 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.