

Registration District No. 377

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
337 Orient Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 8 Years
years, months or days)

3. (a) PRINT FULL NAME LOUISA RASCH

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Henry 6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased September 2 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 2 7 hr. _____ min.

9. Birthplace Essen Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name (First unknown) Roseling
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Bernard Rasch
(b) Address 339 Orient Lemay 23, Mo.

17. (a) Burial (b) Date thereof 11/12/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director C. Hoffmeister U&L Co.

(b) Address 7814 S. Bway St. Louis II Mo.

19. (a) 11-9-48 (b) Louis Rasch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Lemay
(If outside city or town limits, write "RURAL")
(d) Street No. 337 Orient Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9
year 1948 hour 5 minute 30 p.m.

21. I hereby certify that I attended the deceased from _____, 1936, to Nov 9, 1948
that I last saw her alive on Nov. 8, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
cardiac asthma Duration about 10 yrs.

Due to above

Due to 930

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) No
(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 Seamus J. Murray D. or other) DO
Address 9439 Lintry Lemay Date signed Nov 9

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 *Louis C. Hoffmeister*
Licensed Embalmer No. *3871*
P. O. Address *7814 S Broad*

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.