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FILED AUG 2-1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24254

State File No.

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **5851**

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | c. LENGTH OF STAY (in this place) 6 yrs | c. CITY OR TOWN St. Louis |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Gaetner Home | | STREET ADDRESS (If rural, give location) 15 5000 S Broadway 21590 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Margaret b. (Middle) c. (Last) Ramschuh | | 4. DATE OF DEATH (Month) (Day) (Year) July 4, 1955 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Mar. 11, 1886 |
| 9. AGE (In years last birthday) 69 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | IF UNDER 1 HRS. Hours |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home | | 10b. KIND OF BUSINESS OR INDUSTRY at home | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo. |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | |
| 13a. FATHER'S NAME Chas. Schmitt | | 13b. MOTHER'S MAIDEN NAME Emma Krattiger | 14. NAME OF HUSBAND OR WIFE Michael (Deceased) |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dorothy Hutchings 19 Granada way |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis + hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. mitral regurgitation Parkinsonism | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 331X | |
| 22. I hereby certify that I attended the deceased from 10/16 , 19 53 , to 7/4 , 19 55 , that I last saw the deceased alive on 7/1 , 19 55 , and that death occurred at 2:55 A.M. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE P. J. Moskwa | | (Degree or title) M.D. | 23b. ADDRESS 3554 Victor St. St. L. 4 Mo. |
| 23c. DATE SIGNED 7/5/55 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 8/8/1955 | 24c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum | 24d. LOCATION (City, town, or county) (State) St. Louis County Mo. |
| DATE REC'D BY LOCAL REG. JUL 7 1955 | REGISTRAR'S SIGNATURE Carl Smith | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L. Ziegenhein & Sons 7027 Gravois | |

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

(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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *E. F. Kidwell*.....

Licensed Embalmer No. *387*

P. O. Address *7027th*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.