SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 13 1961

-61-011415

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2028

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. John's Hospital
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN: Rock Hill
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 9740 Old Warson Road
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First MINNIE Middle Last RAEDLE
4. DATE OF DEATH: Month Feb. Day 26 Year 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 7-11-1877
9. AGE (last birthday): 83
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Louis Grannemann
13b. MOTHER'S MAIDEN NAME: Louise Wohlbrink
14. NAME OF HUSBAND OR WIFE: Late Joseph Raedle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Eunice Venegoni Address: 9740 Old Warson Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Congestive heart failure-
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Severe Arteriosclerotic Heart disease
DUE TO (c): 420.0
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Choledocholithiasis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan. 6, 1961, to Feb. 26, 1961 and last saw ~~the~~ alive on Feb. 26, 1961
Death occurred at 3:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: R.O. Craig (Degree or title) M.D.
22b. ADDRESS: 307 S. Euclid Ave.
22c. DATE SIGNED: 2-27-1961

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Mar. 1, 1961
23c. NAME OF CEMETERY OR CREMATORY: Bellefontaine Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis, Mo.

24. FUNERAL DIRECTOR ADDRESS: Kriegshauser 9450 Olive St. Road
25. DATE RECD. BY LOCAL REG.: FEB 28 1961
26. REGISTRAR'S SIGNATURE: Earl Smith M.D. S.O.

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 R. W. Stovesand

Licensed Embalmer No. 4007

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.