WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38017

1. PLACE OF DEATH
County St Louis — Registration District No. 784 — File No.
Township St Ferdinand — Primary Registration District No. 6030 — Registered No.
City (No. 5540 Janet ave St. Ward)

2. FULL NAME Nellie Mary Rahmeier
(a) Residence. No. 5540 Janet ave St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Rahmeier

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 15 - 1873

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
55	7	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Joe Battrace
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) France
12. MAIDEN NAME OF MOTHER Dont know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) France

14. INFORMANT William Rahmeier
(Address) 5540 Janet ave

15. FILED Nov 30, 1928. O N Schaefer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 28 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1928, to Nov 28, 1928 that I last saw her alive on Nov 28, 1928, and that death occurred, on the date stated above, at 4:35 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia Bronchial
82D
107A
75 D
(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) Hemiplegia
(duration) yrs. mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
O DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. G. Wright M. D.
Nov 30, 1928 (Address) 903 Mercantile Club Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St Johns — DATE OF BURIAL: Dec 1 1928

20. UNDERTAKER: Hy Leidner Und Co. — ADDRESS 1417 N. Market St.