

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

Do not use this space.

13007

File No. _____
Registered No. 3562
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. 107
Township _____ Primary Registration District No. 3
City St. Louis (No. 2013-Cushing)

2. FULL NAME

(a) Residence. No. 2013-Cushing St., 24 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Katheriana Follmer</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 24 1877</u>		
7. AGE	YEARS <u>51</u>	MONTHS <u>7</u>
	DAYS <u>26</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Foundry Worker</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Hungary

PARENTS

10. NAME OF FATHER Peter Rammacher

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Hungary

12. MAIDEN NAME OF MOTHER Susie Witzel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Hungary

14. INFORMANT Katherina Rammacher
(Address) 2013-Cushing St.

15. FILED May 11 1929
REGISTRAR W. C. Taylor

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 22 1929

17. I HEREBY CERTIFY that I attended deceased from Nov. 1928 to Mar 21 1929 that I last saw him alive on Mar 21 1929 and that death occurred, on the date stated above, at 4:29 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular Heart Disease
& ob. of angustym. nephritis
131
92 hr (duration) 203 years

CONTRIBUTORY (SECONDARY)

(duration) _____ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Lab Tests

(Signed) F. J. Pepper, M. D.

, 19 1929 (Address) 508 W. Grand St.

*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: DATE OF BURIAL

S. S. Peter Paul 3-25 1929

20. UNDERTAKER ADDRESS

Witt Bros & Co. 2929 S. Jefferson

WRITE FAIRLY, 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.

