

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

Do not use this space.

2575

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1008
City St. Louis (No. City Hospital)

File No.
Registered No. 268
St. Ward)

15224 **2. FULL NAME** Nicholas Raumschuh

(a) Residence, No. 3104 So. 7th St. Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 23, 1890
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
41 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamster
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 104
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

13. NAME Wm. Raumschuh

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Elizabeth Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Hospital Information Grace Hosp. City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cemetery DATE Jan 11, 1932

19. UNDERTAKER (ADDRESS) Wm. J. B. Thompson 722 S. Grand Blvd

20. FILED JAN -9 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 6th, 1932

22. I HEREBY CERTIFY that I attended deceased from Dec. 14, 1931 to Jan. 6th, 1932
I last saw him alive on Jan. 6th, 1932 Death is said to have occurred on the date stated above, at 11:50 P.M.

The principal cause of death and related causes of importance were as follows:

53C
Chronic Myocarditis
Atrophy of Brain & degeneration (Malignant)
Other contributory causes of importance: (1)

Name of operation..... Date of.....
What test confirmed diagnosis? Biopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....?

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) Raymond Haack, M. D.
(Address) City Hospital

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.

RAUMSCHUH

Karmschuh