

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 701
 Township..... Primary Registration District No. 10000
 City St. Louis, Mo. No. Barnes Hospital File No. 10571
 Registered No. 2636 Ward.....

2. FULL NAME Maine Rammshub
 (a) Residence, No. 2235 Graves St., 15 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 <u>Female</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>August Rammshub</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 11 - 1897</u>		
7. AGE	YEARS <u>34</u>	MONTHS <u>7</u>
	DAYS <u>7</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>2351</u>	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation <u>12</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jasper, Indiana</u>		
FATHER	13. NAME <u>Jno. Rudlick</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jasper, Indiana</u>	
MOTHER	15. MAIDEN NAME <u>Amelia Gayer</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jasper, Indiana</u>	
17. INFORMANT (ADDRESS) <u>Aug. Rammshub</u> <u>2235 Graves Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peter & Paul</u> DATE <u>March 22, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Black Bros</u> <u>2201 Grand</u>		
20. FILED <u>MAR 19 1932</u> <u>Mar 19 1932</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 18 . 1932

22. I HEREBY CERTIFY, That I attended deceased from
2 - 24, 1932 to 3 - 18, 1932
 I last saw h. w. alive on 3 - 18, 1932. Death is said to have occurred on the date stated above, at 12:20 Pm.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Embolism Date of onset 78
Cholelithiasis
Pericarditis
 Other contributory causes of importance:
Cholecystectomy
 Name of operation Cholecystectomy Date of 3-9-32
 What test confirmed diagnosis? Yes 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) R. W. Boyd, M. D.
 (Address) Barnes Hospital

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

RECORD

