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.

18277

1. PLACE OF DEATH

County ..... Registration District No. 701

Township ..... Primary Registration District No. 1008

City St. Louis, Mo. (No. 2016 James Street St. ..... Ward)

File No. .....

Registered No. 4499

2. FULL NAME Elizabeth Raumschuh

(a) Residence, No. 2016 James Street St., 23 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): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): November 6, 1858

7. AGE: YEARS 74 | MONTHS 6 | DAYS 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Weingarten, Missouri

FATHER

13. NAME: George Bausler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mary Spindler, 2016 James Street

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Picker DATE May 23rd 1933

19. UNDERTAKER (ADDRESS): Weck Bros, 2201 S. Grand Boulevard

20. FILED MAY 23, 1933 J. F. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 20th 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-10-, 1932, to 5-20-, 1933

I last saw her alive on 5-19-, 1933. Death is said to have occurred on the date stated above, at 7 A. m.

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

Diabetis Mellitus Chronic — Date of onset 1932

59

127B

125B

Other contributory causes of importance:

congestion of liver and gall bladder.

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

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? no

If so, specify X

(Signed) L. F. Murray, M. D.

(Address) 1831 S. 9th St.

[illegible]
9th of Emmett