

MAR 5 - 1937

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. **791**
Township Primary Registration District No. **1003**
City **St. Louis,** (No. **3125 Texas Ave.**) St. **4** Ward

File No. **8823**Registered No. **2312**2. FULL NAME **Cora Raming**

(a) Residence, No. **3125 Texas Ave.** St. **4** Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred **49** yrs. **11** mos. **29** 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 **Joseph Raming**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 25, 1887**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 **11** **29**

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

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) **St. Louis, Mo.**13. NAME **Herman Hoeller**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**15. MAIDEN NAME **Josephine Gorgian**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**17. INFORMANT (ADDRESS) **Joseph Raming**
3125 Texas Ave.18. BURIAL, CREMATION, OR REMOVAL
New S. S. Peter & Paul, Feb. 26, 193719. UNDERTAKER (ADDRESS) **Wm. C. Moyall**
1926 Allen Ave.20. FILE **FEB 25 1937** **J. H. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 24, 1937**, 1922. I HEREBY CERTIFY, That I attended deceased from **Feb 6th** 19**37**, to **Feb 24th** 19**37**I last saw her alive on **Feb 23rd** 19**37** Death is said to have occurred on the date stated above, at **4.05 A.M.**

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

Cirrhosis of liver Date of onset **1935**

Other contributory causes of importance:

Ascites **1936****Thrombosis****Myocardial degeneration**Name of operation **Autopsy** Date of **2/11/37**What test confirmed diagnosis? **Microscopic** 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? **No**

If so, specify

(Signed) **Dr. Michael** M. D.(Address) **506 Olive St.**

WHITE PLAINLY WITH UNFADING INK THIS IS A PLAINTEXT MESSAGE

1 X7294

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.

899

