

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.

COY 14 1937

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

32385

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 791
(b) Township..... Primary Registration District No. 1008
(c) City St. Louis (d) Street No. Deaconess Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lillie Rasoh

(a) Residence, No. 1413 Cecelia Ave St. MA Brentwood, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26, 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ...hrs. or min.
66 3 19

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

9. Industry or business in which work was done, as 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) Missouri

13. NAME Christoph Luedloff

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

15. MAIDEN NAME Katherine Seibert

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

17. INFORMANT (ADDRESS) Henry Luedloff
Creve Couer, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Pauls Ev. DATE 9/8/37

19. FUNERAL DIRECTOR (ADDRESS) Louis W. Bopp
131 W. Argonne Dr. Kirkwood

20. FILED SEP 7 1937 J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-5-1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1937, to Sept 5, 1937

I last saw her alive on Sept 4, 1937. Death is said to have occurred on the date stated above, at 9:00 a.m.

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

Coronary Embolism
Pulmonary edema

Other contributory causes of importance:

Chronic myocarditis

Name of operation..... Date of.....
What test confirmed diagnosis? EKG. 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?.....
If so, specify.....

(Signed) Victor Reese, M. D.
(Address) Webster Groves Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, John M. Meyer, Licensed Embalmer No. 3288
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed John M. Meyer
Licensed Embalmer No. 3288

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)