

REC'D FEB 10 1939

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

791

1003

64

Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. 1003
 (b) Township 1 Primary Registration District No. 1110 Registered No. 64
 (c) City ST LOUIS (d) Street No. 1110 GRATTAN ST St. 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

DR. I.D.A.M. RAWIE
 (a) Residence, No. 1110 GRATTAN ST St. 22 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JOHN RAWIE
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 8 - 1893
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 1 24
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSE WIFE
 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) ST LOUIS (STATE OR COUNTRY) MO

FATHER 13. NAME JOHN SCHOTT

14. BIRTHPLACE (CITY OR TOWN) GERMANY (STATE OR COUNTRY) 6

MOTHER 15. MAIDEN NAME JOHANNA JACOBS 1

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

17. INFORMANT (ADDRESS) JOHN RAWIE
1110 GRATTAN ST

18. BURIAL, CREMATION, OR REMOVAL PLACE NEW ST. MARCUS SEM. DATE JAN 4 1939

19. FUNERAL DIRECTOR (ADDRESS) MULLEN BROS INC.
4259 LINDELL BLVD.

20. FILED JAN 3 1939 J. D. Budick (Local Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN 1 - 1939

I HEREBY CERTIFY that I attended deceased from March 30, 1938 to Jan 1, 1939
 I last saw her alive on Dec 30, 1939. Death is said to have occurred on the date stated above, at 9:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Septic pneumonia
metastatic (over intestinal tract)
 Date of onset

Other contributory causes of importance:
hypertrophic sinusitis
rhinitis

Name of operation no Date of no
 What test confirmed diagnosis? Marses 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 _____
 (Signed) W. S. Searcy M. D.
 (Address) 3758 Lafayette

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed *John Ketter*
Licensed Embalmer No. *3980*

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.)