. No. 2
-11-10-39
5-17-39
'I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUL 17 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19925

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4873

1. PLACE OF DEATH:

(a) County 1

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)

In this community 4 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town Cape Girardeau, Mo
(If outside city or town limits write "RURAL")

(d) Street No. N.R.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Ravenstein, Esther 152

3. (b) If veteran, name war No

3. (c) Social Security No. None.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Richard Ravenstein

6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased March 30 1907 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
33	1	26	hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business 0

MOTHER FATHER

12. Name Henry Suedekum

13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name Nina Statler

15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Richard Ravenstein

(b) Address Cape Girardeau

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Cape Girardeau Mo

18. (a) Signature of funeral director Hamann Funeral Home

(b) Address Cape Girardeau, Mo

19. (a) JUN 3 1940 (Date received local registrar) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 28 year 1940 hour 10 minute 55 A.M.

21. I hereby certify that I attended the deceased from 5-22-, 1940 to 5-26-, 1940 that I last saw her alive on 5-25, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to: Rheumatic Heart disease	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Yes.	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)

Address 4500 Olive St. St. Louis Date signed 5-27-40

(Licensed Embalmer's Statement on Reverse Side)

4873

4873

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Howard F. Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis, Mo

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.)

If this body is not embalmed, above space should be left blank.