

Registration District No. 791

Primary Registration District No. _____

Registrar's No. 10597

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
4720 Dahlia Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

(c) City or town St. Louis 2
(If outside city or town limits, write "RURAL")

(d) Street No. 4720 Dahlia Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Frederick A. Rahmeyer

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lovina Rahmeyer

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased April 3rd 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>8</u>	<u>19</u>	hr. _____ min. _____

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

10. Usual occupation Watchman

11. Industry or business _____

12. Name Frederick Rahmeyer

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

14. Maiden name Johanna Wilmsi

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

16. (a) Informant Lovina Rahmeyer

(b) Address 4720 Dahlia Ave.

17. (a) Burial (b) Date thereof 12-24-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Mortuar

(b) Address 4228 So. Kingshighway Blvd.

19. (a) DEC 24 1940 (b) J. F. Bredebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22nd
year 1940 hour 12:45 minute P.M. M.

21. I hereby certify that I attended the deceased from Jan 1 1940 to Dec 22 1940
that I last saw him alive on Dec 27 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction

Due to _____

Due to _____

Other conditions Essential hypertension
(Include pregnancy within 3 months of death)

Major findings: Thromb. embolus

Of operations _____

Of autopsy _____

Duration

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? _____

23. Signature _____
(Specify type of place) (e) Means of injury

23. Signature J. F. Bredebeck (M., D., or other) _____

Address 6135 Salute Date signed 12-24-40

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

MOTHER FATHER

6623 Hillcrest Ave

Wm 4833 S-10

11 04 34

61-25 Falitz ad 10 AM.

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..... *Edwin A. M. Bennett*

Licensed Embalmer No..... *3024*

P. O. Address.....

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, fact should be so stated above.