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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED AUG 28 1941 91

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 23179

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 5531

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

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 St. Louis Desloge Hospital  
(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 Missouri (b) County \_\_\_\_\_

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

(d) Street No. 3818a St. Ferdinand Ave  
(If rural, give location)

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

3. (a) PRINT FULL NAME Adele Raithel

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 2 year 1941 hour 4 minute 08 P.M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Edward Raithel

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased: August 22 1887  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7/28/41 19\_\_\_\_ to 7/2/41 19\_\_\_\_; that I last saw her alive on 7/2/41 19\_\_\_\_; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>10</u>	<u>10</u>	hr. _____ min. _____

Immediate cause of death Cochefia

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

Due to Squamous cell Ca of cervix grade III

Due to \_\_\_\_\_

10. Usual occupation At Home

Other conditions C.N.S. Les.  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

12. Name Victor E. Samier

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

14. Maiden name Lacy R. Holden

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Schneider

(b) Address 1421 E. College

17. (a) Burial (b) Date thereof 7-5-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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? \_\_\_\_\_

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 1710 N. Grand Bl.

19. (a) Jul 4 1941 (b) J. B. Bredbeck  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature R. Ameyera M.D. (M. D. or other) \_\_\_\_\_

Address 1325 S. Grand Ave. Date signed \_\_\_\_\_

**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..... *Fred Truck* .....

Licensed Embalmer No. 3186 .....

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, fact should be so stated above.**