DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 14 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4432

Registration District No. 317 | Primary Registration District No. 3063 | Registrar's No. 324

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: Lemay
(If outside city or town limits, write "RURAL")
(d) Street No.: 617 Lagro
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Fred Rahm
3. (b) If veteran, name war: ---
3. (c) Social Security No.: ---
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Louise Rahm
6. (c) Age of husband or wife if alive: 54 years
7. Birth date of deceased: January 9, 1885 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
59	00	29	hr. min.

9. Birthplace: Piolet Knob (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Maintenance man
11. Industry or business:
12. Name (Father): Adolph Rahm
13. Birthplace (Father): Unknown (City, town, or county) Germany (State or foreign country)
14. Maiden name (Mother): Caroline
15. Birthplace (Mother): Unknown (City, town, or county) Germany (State or foreign country)
16. (a) Informant: Mrs. Louise Rahn---wife
(b) Address: 617 Lagro, Lemay, Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 2-10-1944 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Trinity Cemetery
18. (a) Signature of funeral director: C. Hoffmeister U. & L.
(b) Address: 7814 South Broadway, St. Louis, Mo.
19. (a) FEB 8 - 1944 (Date received local registrar) (b) E. S. McGarvan, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2-7-44 day year hour 3:20 minute A. M.
21. I hereby certify that I attended the deceased from 1-14-44, 19..., to 2-7-44, 19...; that I last saw him alive on 2-7-44, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of lung with extensive liver & bone metastases — Duration: ? 4 mos.
Due to:
Due to:
Other conditions: Hypertension
(Include pregnancy within 3 months of death)
Major findings:
Of operations: none
Of autopsy: Carcinoma of lung - metastases to liver & bone

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)
While at work? (Specify type of place) (e) Means of injury:
23. Signature: Lewis G. Owen M.D. (M.D. or other)
Address: 601 Brentwood Blvd Clayton Date signed: 2-7-44

(Licensed Embalmer's Statement on Reverse Side)

APR

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 Linus C. Hoffmeister, Registered Apprentice No. ..... working under my personal supervision.

Signed Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broa

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

If this body is not embalmed, fact should be so stated above.