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DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED APR 20 1944  
 318  
 Registration District No. \_\_\_\_\_

1003  
 Primary Registration District No. \_\_\_\_\_

Registrar's No. 3456

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:  
4463 St. Louis  
(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 000  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4463 St. Louis  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME EMILIE A. RASMUSSEN.  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month April day 13  
 year 1944 hour 4 minute A M.  
 21. I hereby certify that I attended the deceased from March 15, 1944,  
 that I last saw her alive on April 12, 1944,  
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W  
 6. (a) Single, widowed, married, divorced, Widowed  
 6. (b) Name of husband or wife Bahne Rasmussen 6. (c) Age of husband or wife if alive Decd. years  
 7. Birth date of deceased Aug. 21st, 1857  
(Month) (Day) (Year)

Immediate cause of death: Chronic Myocarditis  
 Duration \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions Acute Bronchitis  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
86 7 22 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Texas  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Housework

11. Industry or business \_\_\_\_\_  
 12. Name Frederick Koepf  
 13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)  
 14. Maiden name Johanna Rathke  
 15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Lytel  
 (b) Address 4463 St. Louis Ave.  
 17. (a) Burial (b) Date thereof 4-15-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Valhalla Cemetery

PHYSICIAN  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director Provost Und. Co.  
 (b) Address 3710 N. Grand Blvd.  
 19. (a) APR 14 1944 (b) F. Fredrick  
(Date received local registrar) (Registrar's signature)

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 H. A. Lehle Meyer (M. D. or other) MD  
 Address 4362 Swans Ave Date signed 4-14-44

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

**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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed A. G. Smothers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand Bl

**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.**