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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 9 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15556**
Registrar's No. **4281**

Registration District No. _____ Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
City Hospital #1
(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. 2306a N. 18th Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINTED FULL NAME ELEANORA JOHANNA RAEDER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Charles J. Raeder

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

7. Birth date of deceased September 8-1899
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25th
year 1947 hour 6:03 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy. Duration _____

8. AGE:

Years	Months	Days	If less than one day
<u>47</u>	<u>7</u>	<u>17</u>	_____ hr. _____ min.

Due to _____

Due to _____

Other conditions _____
(include pregnancy within 3 months of death)

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

10. Usual occupation Shoe Worker

11. Industry or business _____

MOTHER { 12. Name Justin Berninger

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

14. Maiden name Catherine Schiellen

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

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Richard Raeder

(b) Address 2306a N. 18th Street

17. (a) Burial (b) Date thereof April 28-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old SS. Peter & Paul

18. (a) Signature of funeral director _____

(b) Address 1926 Allen Avenue

19. (a) APR 26 1947 (b) _____
(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? _____

While at work? _____ (Specify type of place) _____

Means of injury _____

23. Signature Alfred J. King (M. D. or other) _____

Date signed 4/26/47

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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

Bey L Daman

Licensed Embalmer No. **2272**

P. O. Address. **1926 Allen Avenue**

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.