

S. No. 300  
M-10-47  
7-5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **10574**  
Registrar's No. **3250**

Registration District No. **318**

Primary Registration District No. **1003**

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:  
2401 Indiana 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 Missouri (b) County 000  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL") 17  
(d) Street No. 2401 Indiana Ave. 7  
(If rural, give location) 23  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

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

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 2nd  
year 1948 hour 3 minute 45 P. M.  
21. I hereby certify that I attended the deceased from 2/19/48  
to 3/30/48, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_,  
that I last saw her alive on 3/30, 1948,  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Harry 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 7 1879  
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis, Duration 2 year  
about  
Due to Hypertension (2)  
Due to Lues 2 1/2 years  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: 68 Years 8 Months 25 Days If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace St. Louis, Missouri  
(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.

10. Usual occupation At Home  
11. Industry or business \_\_\_\_\_  
12. Name Herman Bruemmer  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret Tobin  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Harry C. Bruemmer  
(b) Address 1663 Lindell Blvd.  
17. (a) Burial (b) Date thereof 4/5/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Burial or cremation SS. Peter and Paul Cem.  
18. (a) Signature of funeral director Gebken-Benz Mortuary  
(b) Address 2842 Maramec St.  
19. (a) APR 5 1948 (b) J. F. Bredeek  
(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) (e) Means of injury 0  
23. Signature Peter Cataldi (M. D. or other) 0  
Address 4961 Columbia 00 Date signed 4/3/48

3250

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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..... Joe S. Beng

Licensed Embalmer No..... 4249

P. O. Address..... 2842 Meramec St.

St. Louis, 18, 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.**