

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28451**
6904

FILED AUG 20 1949

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|---|--|--|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 6904 | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) St. Louis Mo. | | c. LENGTH OF STAY (In this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | 17 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital, | | | | d. STREET ADDRESS (If rural, give location) 220 N Kingshighway Blvd. Park Plaza Hotel | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) William | | b. (Middle) F. | | c. (Last) Rahmoeller. | | 4. DATE OF DEATH (Month) (Day) (Year) Aug. 6 1949 | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH March 14th, 1873 | |
| 9. AGE (In years last birthday) 76 | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 1 YEAR Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | 10b. KIND OF BUSINESS OR INDUSTRY Furniture | | 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY? _____ | |
| 13a. FATHER'S NAME C. F. Rahmoeller | | | 13b. MOTHER'S MAIDEN NAME Maria Jasperong | | | 14. NAME OF HUSBAND OR WIFE Alma K. Rahmoeller | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____ | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME Alma Rahmoeller (Sister Howard St.) ADDRESS 2515 | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of liver ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | INTERVAL BETWEEN ONSET AND DEATH yrs. _____ | |
| | | II. OTHER SIGNIFICANT CONDITIONS Rheumatoid arthritis Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic cardiovascular | | | | yrs. _____ yrs. _____ | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION disease; mass of gastro-intestinal hemorrhage | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 124 | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 5810 | | | |
| 22. I hereby certify that I attended the deceased from July 18, 1949 , to Aug. 6, 1949 , that I last saw the deceased alive on Aug. 6, 1949 , and that death occurred at 7:10a m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE FR Bradley (Degree or title) MD | | | | 23b. ADDRESS Barnes Hospital, | | 23c. DATE SIGNED 8/6/49 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 8/9/49 | | 24c. NAME OF CEMETERY OR CREMATORY Zions | | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | |
| DATE REC'D BY LOCAL AUG 8 1949 | | REGISTRAR'S SIGNATURE J.B. Leater | | 25. FUNERAL DIRECTOR'S SIGNATURE Kraeger-Voss, Inc. N. Kingshighway ADDRESS 3402 | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

SEP 26 1949

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Robert M Murray

Licensed Embalmer No. *3749*

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.