

FILED MAR 31 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11528

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>700</u>	
1. PLACE OF DEATH a. COUNTY <u>St Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY .....			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gardenville</u>		c. LENGTH OF STAY (in this place) <u>2 mos.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Str. Louis, Mo.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Miller Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>1016a Geyer</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louise</u>		b. (Middle) .....		c. (Last) <u>Raumschuh</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 14, 1950</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>July 26, 1886</u>	
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months .....		IF UNDER 1 YEAR Days .....		IF UNDER 1 HRS. Hours .....	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY .....		11. BIRTHPLACE (State or foreign country) <u>St Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George Sostmann</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Jennings</u>		14. NAME OF HUSBAND OR WIFE .....			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William Raumschuh</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  * This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ch. Heart &amp; Kidney disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u> DUE TO (c) .....				INTERVAL BETWEEN ONSET AND DEATH <u>1 mo</u>	
19a. DATE OF OPERATION .....		19b. MAJOR FINDINGS OF OPERATION .....		20. AUTOPSY? <u>442X</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) .....		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) .....		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) .....		21f. HOW DID INJURY OCCUR? <u>442X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) .....		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Jan 1, 1949</u> , to <u>March 14, 1950</u> , that I last saw the deceased alive on <u>3/11/50</u> , 19 <u>50</u> , and that death occurred at <u>7:30 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. J. Walters M.D.</u>		23b. ADDRESS <u>3608 8 Grand Ave. 18 No 3/16/50</u>		23c. DATE SIGNED <u>3/16/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>3/18/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Picker Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-17-50</u>		REGISTRAR'S SIGNATURE <u>Herbert A. Dombay, MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. Ziegenhein &amp; Sons</u>			
ADDRESS <u>7027 Gravois</u>							

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

**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 \_\_\_\_\_

*Francis Brown*

Licensed Embalmer No. \_\_\_\_\_

*2248*

P. O. Address \_\_\_\_\_

*St. Louis*

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.