

FILED AUG 25 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

28578

State File No. 6912

318

1003

Registrar's No.

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				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 OR TOWN <u>St. Louis</u>)		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		2319	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1469 Graham Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>1469 Graham Ave.</u>			
3. NAME OF DECEASED (Type or Print) <u>PETER</u>		a. (First) _____		b. (Middle) <u>H.</u>		c. (Last) <u>RADEMEYER</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 12 1950</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Apr. 15, 1880</u>		9. AGE (In years last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Watchman (Retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Baldor Electric Co.</u>	
11. BIRTHPLACE (State or foreign country) <u>South Africa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Peter Rademeyer</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary A. Rademeyer</u>		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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mary A. Rademeyer</u> ADDRESS <u>1469 Graham Ave.</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY OCCLUSION</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 DAY</u> ANTECEDENT CAUSES DUE TO (b) <u>HYPERTENSION</u> <u>6 YEARS</u> DUE TO (c) <u>ARTERIO SCLEROSIS, GENERALIZED</u> <u>10 YEARS</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>CARDIAC DECOMPENSATION</u> <u>1 YEAR</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>		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) _____			
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? <u>HTH/X</u>			
22. I hereby certify that I attended the deceased from <u>Aug. 25, 1944</u> to <u>Aug. 12, 1950</u> , that I last saw the deceased alive on <u>Aug. 12, 1950</u> , and that death occurred at <u>5:00P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert A. Hall, M.D.</u> (Degree or title) _____		23b. ADDRESS <u>3902 LAFAYETTE ST. LOUIS, MO.</u>		23c. DATE SIGNED <u>AUG. 14, 1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial (h)</u>		24b. DATE <u>Aug. 16, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cem.</u>			
24d. LOCATION (City, town, or county) <u>St. Louis Co. Mo.</u> (State) _____		DATE REC'D BY LOCAL HEALTH DEPT. <u>AUG 14 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Sarsator</u>			
25. FUNERAL DIRECTOR'S SIGNATURE <u>Kriegshauser</u> ADDRESS <u>4228 S. Kingshighway Bl.</u>							

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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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Richard K. Stovesand

Signed
Student Embalmer

Licensed Embalmer No. 4007

P. O. Address _____

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.