

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32712**
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8402**

FILED SEP 25 1952

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

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 township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital		d. STREET ADDRESS (If rural, give location) 2358 Louisiana Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) Rose b. (Middle) c. (Last) Bahmer		4. DATE OF DEATH (Month) (Day) (Year) 9-4-52	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 8-15-03
9. AGE (In years last birthday) 48		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) factory work	11. BIRTHPLACE (City and State or Foreign Country) Mo. St. Louis
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) factory work		10b. KIND OF BUSINESS OR INDUSTRY Int. Shoe Co.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Christ Bahmer		13b. MOTHER'S MAIDEN NAME Marie Canarius	14. NAME OF HUSBAND OR WIFE — Single
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 94-05-4759	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ray McKinley 2358 Louisiana
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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Ovary INTERVAL BETWEEN ONSET AND DEATH 5 years. ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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? 175X	
22. I hereby certify that I attended the deceased from 7-7-52 , 19___, to 9-4-52 , 19___, that I last saw the deceased alive on 9-4-52 , 19___, and that death occurred at 12:30 Pm. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Hubert A. Ritter M.D.		23b. ADDRESS 1325 S. Grand, St. Louis 4, Mo.	23c. DATE SIGNED 5 Sept 52
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 9/8/52	24c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
DATE REC'D BY LOCAL REG. SEP 6 1952	REGISTRAR'S SIGNATURE Carl Jacobson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. Schumacher 3013 Meramec	

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 _____

Jack Haupt

Licensed Embalmer No. 4746

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.