

FILED SEP 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33210**
8259
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 83 Vandeventer - St. Louis, Mo.	
c. LENGTH OF STAY (In this place) 17 days		d. STREET ADDRESS (If rural, give location) 83 Vandeventer	
d. FULL NAME OF HOSPITAL OR INSTITUTION Birmin Desloge Hospital		19	
3. NAME OF DECEASED (Type or Print) Raimund		a. (First)	b. (Middle)
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 3-3-08	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Yugoslavia		12. CITIZEN OF WHAT COUNTRY? Yugoslavia	
13a. FATHER'S NAME Aloys Maichin		13b. MOTHER'S MAIDEN NAME Maria	
14. NAME OF HUSBAND OR WIFE Maria Matteli		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. unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Maria Maichin, # 83 Vandeventer Pl.	

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) Glomerulonephritis, acute Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 2 Wks
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION.		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 590X	

22. I hereby certify that I attended the deceased from **8-11-52**, 19___, to **8-31-52**, 19___, that I last saw the deceased alive on **8-31-52**, 19___, and that death occurred at **3:10 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm. H. Schierman, M.D.		23b. ADDRESS 1325 S. Grand, St. Louis 4, Mo.		23c. DATE SIGNED 9/1/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 3, 1952	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	

DATE REC'D BY LOCAL REG. SEP 2 1952	REGISTRAR'S SIGNATURE Carl Smith	FUNERAL DIRECTOR'S SIGNATURE William J. Donnelly	ADDRESS 3840 Lindell Blvd.
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(Licensed Embalmer's Statement on Reverse Side)

Dr. was reluctant and said that he knew nothing more.

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

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 _____

W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 3840 Lindell

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.