

FILED JUL 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26481
318
1003
REGISTRATION DISTRICT NO. 318 PRIMARY REGISTRATION DISTRICT 1003 REGISTRAR'S NO. 6376

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, give TOWNSHIP only) OR TOWN ST. LOUIS		c. CITY OR TOWN St Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 25 ST. LOUIS CITY HOSP. #1.		d. STREET ADDRESS 1904 S 7th Str	
3. NAME OF DECEASED (Type or print) JOHN RAUMSCHUH		4. DATE OF DEATH JULY 8, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct 12/81
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City Hospital		11. BIRTHPLACE (City and state or country) Winegartin Mo	
13. FATHER'S NAME William Raumschuh		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Address Walter Raumschuh 5549a Palm Str.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Pneumonia DUE TO (b) Chronic Alcoholism DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Lobes Pneumonia -			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from 7/4/57 to 7/8/57 and last saw her alive on 7/8/57		22c. DATE SIGNED 7/9/57	
22a. SIGNATURE (Degree or title) [Signature]		22b. ADDRESS 1515 LAFAYETTE AVE.	
23a. BURIAL CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/11/57	23c. NAME OF CEMETERY OR CREMATORY St Marcus Cemetery	23d. LOCATION (City, town, or county) (State) St Louis County
24. FUNERAL DIRECTOR ADDRESS JOHN STYGAR & SON 5541 Riverview		25. DATE RECD. BY LOCAL REG. JUL 9 '57	
26. REGISTRAR'S SIGNATURE [Signature]			

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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 39

P. O. Address. Sp. La.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.