WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

29651

File No.

Registered No. 8682

1. PLACE OF DEATH

County

Township

City St Louis (No. 4745, Lee Ave St. Ward)

Registration District No. 1818

Primary Registration District No.

2. FULL NAME John Rauche

(a) Residence, No. 4745 Lee Ave St., 7 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Rauche

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 9-1859

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
72	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

FATHER

13. NAME Peter Rauche

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER

15. MAIDEN NAME Fredericka Sanders

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Mrs Margaret Rauche 4745 Lee Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Reto Pickens DATE Aug 12 1931

19. UNDERTAKER (ADDRESS) A. Rau & Co 2707 N Jefferson

20. FILED AUG 11 1931 Max C. Starkloff Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1931, to Aug 9, 1931

I last saw him alive on Aug 9, 1931. Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Chronic Nephritis	

Other contributory causes of importance:

131

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Joseph Bill, M. D.

(Address) 3636 Hebert

MAY 26 1953