

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis,** (No. **St. Anthonys Hospital** St. _____ Ward)

File No. **18856**

Registered No. **5369**

2. FULL NAME

Richard V. Raut. (RAUTENSTRAUH)

(a) Residence, No. **4917 Michigan** St. **16** 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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Nettie Raut**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 26, 1879**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 9 1

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

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 **13**

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

13. NAME **Richard Raut**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo.**

15. MAIDEN NAME **Louise Abel**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Switzerland**

17. INFORMANT (ADDRESS) **Nettie Raut 4917 Michigan**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Calvary** DATE **5-30** 19. **34**

19. UNDERTAKER (ADDRESS) **Southern Undertaking Co. 4322 Grand**

20. FILED **AV 20 1934** **J. Budick** Registrar.

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5-27** 19 **34**

22. I HEREBY CERTIFY, That I attended deceased from **Feb. 17,** 19 **34** to **May 27,** 19 **34**

I last saw him alive on **May 27,** 19 **34** Death is said

to have occurred on the date stated above, at **3:10** m. p. m.

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

Acute Dilatation of Heart Date of onset **2 hrs**
Myocarditis and Nephritis **3 mos**
Arterial Occlusive Gangrene
of Right Leg **6 days**

Other contributory causes of importance:

Name of operation **none** Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? **no**

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? _____

If so, specify _____

(Signed) **A. W. Peters** M. D.

(Address) **4145 S. Grand Blvd.**

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.

JUN 19 1934

