

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.

REC'D APR 12 1939

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

791  
1003

8820  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 2  
 (b) Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
 (c) City St. Louis (d) Street No. 1038 Blendon Pl. Registered No. 2585  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Oscar J. Rautenstrauch

(a) Residence, No. 1038 Blendon Pl. St. 4 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

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 Mae E. Rautenstrauch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11th, 1877

7. AGE YEARS 61 MONTHS 9 DAYS 6 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Iron Worker  
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired  
 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) Mo.

FATHER 13. NAME Richard J. Rautenstrauch

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

MOTHER 15. MAIDEN NAME Louisa Unknown

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

17. INFORMANT (ADDRESS) Mae E. Rautenstrauch  
1038 Blendon Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Lebanon Cem. DATE Mar. 20th, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Drehman Hanal  
1905 Union Blvd.

20. FILED MAR 18 1939 J. B. ...  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 17th 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 17 (9:42 a.m.), 1939, to Mar. 17 (10:20 a.m.), 1939  
 I last saw him alive on Mar. 17 (9:25), 1939. Death is said to have occurred on the date stated above, at 10:42 m.  
 The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia unspecified

Other contributory causes of importance:

Senility

Date of onset

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? \_\_\_\_\_

If so, specify \_\_\_\_\_  
 (Signed) O. E. Williamson, M. D.  
 (Address) 4336 Clayton Road

*Dr. Parker*

6338  
10-11  
*Clayton*

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Warren A. Carver*

Licensed Embalmer No. *3534*

P.O. Address.....

**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, above space should be left blank.**