

REC'D MAY 10 1939

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

13149
Do not use this space.791
1008

3491

1. PLACE OF DEATH

(a) County g Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis, Mo. (d) Street No. 1614 S. 18th St. St.
(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

200 George F. Rausch
(a) Residence, No. 1614 S. 18th St. St. 23 (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 Emma Schaub Rausch
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22, 1862
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 11 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as 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) Illinois

FATHER 13. NAME Fred Rausch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Emma Rausch
(ADDRESS) 1614 S. 18th St.18. BURIAL, CREMATION, OR REMOVAL PLACE Missouri Crematory April 15, 3919. FUNERAL DIRECTOR (NAME) Wm. C. Moydell
(ADDRESS) 1926 Allen Ave.20. FILED APR 15 1939 J. B. Bricker Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1939, to Apr. 13, 1939
I last saw him alive on Apr. 12, 1939 Death is said to have occurred on the date stated above, at 5:30p.
The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach Date of onset 1938

Other contributory causes of importance: None

Name of operation None Date of
What test confirmed diagnosis? X-ray 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? no.

If so, specify

(Signed) Edward Melbring, M. D.(Address) 4963 Fountain

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 Benj. C. Duncan
Licensed Embalmer No. 2275
P. O. Address 1926 Allen

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.