

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUN 15 1940

State File No. _____
Registrar's No. **4491**

Registration District No. **791**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis

(c) Name of hospital or institution: Central Hospital

(d) Length of stay: In hospital or institution 12 days

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair

(c) City or town Belleville

(d) Street No. 97 N. 98th. St.

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Benjamin Rausch

3. (b) If veteran, name war none

3. (c) Social Security No. 708-12-0861

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 19
year 1940 hour 3 minute 45 A. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mell Gorton

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased May 8, 1874

21. I hereby certify that I attended the deceased from March 2, 1940 to May 19, 1940
that I last saw him alive on May 18, 1940
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>0</u>	<u>11</u>	hr. _____ min. _____

Immediate cause of death carboxyhemoglobinemia Duration 2 months

Due to _____

Due to _____

9. Birthplace Winchester Illinois

Other conditions (Include pregnancy within 6 months of death) _____

Major findings: Of operations _____

Of autopsy _____

10. Usual occupation Retired

11. Industry or business R.R. Blacksmith

MOTHER FATHER

12. Name Henry Rausch

13. Birthplace not known

14. Maiden name not known

15. Birthplace not known

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Chas. Burke

(b) Address East St. Louis, Ill

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

17. (a) Burial (b) Date thereof May 21, 1940

(c) Place: burial or cremation East St. Louis, Ill

While at work? _____ (Specify type of place)

(e) Means of injury _____

18. (a) Signature of funeral director Chas. Burke

(b) Address East St. Louis, Ill

23. Signature Thom R. Sherman (M. D. or other) _____

Address 1205 Olive St. St. Louis Mo Date signed May 19

19. (a) MAY 20 1940 (b) J. P. Budeck

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

FORM 3-1-39 Rev. 5-17-39 1 x 11 1/2

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.....

Chas. M. Burke

Licensed Embalmer No.....

2421

P. O. Address.....

East St Louis Ill

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.