

17042

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

LED JUN 15 1940

791

Primary Registration District No. \_\_\_\_\_

1003

Registrar's No. 4520

1. PLACE OF DEATH: St. Louis,  
 (a) County St. Louis, Mo.  
 (b) City or town (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: City Infirmery. /  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution May 9, 1940.  
 In this community 32yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County St. Louis -  
 (c) City or town St. Louis, 13  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 5800 Arsenal St.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? American years.

3. (a) PRINT FULL NAME Lillian Rauschenplat 251  
 3. (b) If veteran, name war ----- 3. (c) Social Security No. -----

20. DATE OF DEATH, Month May, day 20th, year 1940, hour 1:10 minutes P. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Edward Rauschenplat. 6. (c) Age of husband or wife if alive 55 years  
 7. Birth date of deceased May 16 1885  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 9, 1940, to May 20, 1940, and that death occurred on the date and hour stated above.  
 Immediate cause of death  
 Duration

8. AGE: Years 55 Months X Days 4 If less than one day hr. min.

Regenerative Heart Disease.  
 Chronic myocarditis.  
 Due to  
 Due to

9. Birthplace Farmington, Mo. American  
 (City, town, or county) (State or foreign country)

10. Usual occupation No Occupation.

Other conditions (include pregnancy within 3 months of death)  
 Major findings: None.  
 Of autopsy: as above

11. Industry or business X  
 12. Name Unknown 9  
 13. Birthplace Unknown (City, town, or county) (State or foreign country)  
 14. Maiden name Unknown 9  
 15. Birthplace Unknown (City, town, or county) (State or foreign country)

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? (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 While at work? (Specify type of place) (e) Means of injury

16. (a) Informant's own signature E. Maloney  
 (b) Address 5800 Arsenal St.

17. (a) Burial (b) Date thereof 5/23/40  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation N. S. S. Peter & Paul  
 18. (a) Signature of funeral director Wacker-Heleberle

(b) Address 2331 S. Broadway

19. (a) MAY 22 1940 (b) J. F. Budeck (Registrar's signature)

23. Signature James T. Murphy (M. D. or other)  
 Address 5800 Arsenal St. Date signed 5-20-40

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.

1-11-35 1-11-35

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**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 Robert C. Wheeler  
Licensed Embalmer No. 2128  
P. O. Address St. Louis

**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.**