

Registration District No. 791Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

- (a) County _____
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
BARNES HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether years, months or days)

8. (a) PRINT FULL NAME Otis Olden Rauch8. (b) If veteran, name war World War8. (c) Social Security No. 272-01-3887

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Belle
 6. (c) Age of husband or wife if alive 38 years
 7. Birth date of deceased Dec. 18 1897
 (Month) (Day) (Year)

8. AGE: Years 42 Months 6 Days 5 If less than one day hr. min.9. Birthplace Carbondale Ill
(City, town, or county) (State or foreign country)10. Usual occupation Electrician11. Industry or business Neckemeyer Electric Co12. Name Morton Rauch13. Birthplace PROGRESS Ill
(City, town, or county) (State or foreign country)14. Maiden name Mary Agnes Pine
15. Birthplace Carterville Ill
(City, town, or county) (State or foreign country)16. (a) Informant's own signature [Signature](b) Address East St Louis Ill17. (a) E. St. Louis Ill (b) Date thereof June 26 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mt Hope Cem18. (a) Signature of funeral director [Signature](b) Address East St Louis Ill19. (a) JUN 24 1940 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Illinois (b) County St. Clair
 (c) City or town East St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1307 North 33rd
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1940 hour 8 minute 20 P. M.21. I hereby certify that I attended the deceased from June 2, 1940, to June 23, 1940;
that I last saw him alive on June 23, 1940;
and that death occurred on the date and hour stated above.Immediate cause of death Ca. of Colon at hepatic flexure with metastases to liver.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) A6 CMajor findings: Of operations Ca. of Colon with hepatic metastases.

Of autopsy _____

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 _____

23. Signature [Signature] (M. D. or other)
Address BARNES HOSPITAL Date signed 6-24-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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 1 (1937)

12-1-58

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..... *A. E. Krumpholtz*
Licensed Embalmer No..... *3162*
P. O. Address..... *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.