

V. S. No. 2
SOM-5-42
5-17-39
X32873

12663

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 818 Primary Registration District No. Registrar's No. 3748

1. PLACE OF DEATH:
(a) County
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2350 MENARD
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community LIFE years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 2350 MENARD
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country I

3. (a) PRINT FULL NAME LOUISA RAUCH
3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex FEMALE 5. Color or face WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased OCT 12 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 6 8 hr. min.

9. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME
11. Industry or business HOUSEWIFE

12. Name KILLIAN FISCHBACH
13. Birthplace GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant GEORGE RAUCH
(b) Address 2350 MENARD

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof April 24 1943
(Month) (Day) (Year)
(c) Place: burial or cremation Old S.S. Peter & Paul

18. (a) Signature of funeral director Thos. Kutis, Son
(b) Address 2906 Brown
19. (a) APR 22 1943 (Date received local registrar) J. F. Prudeak (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month APRIL day 20 year 1943 hour 11 minute P. M.
21. I hereby certify that I attended the deceased from Apr 10, 1943, to Apr 20, 1943
that I last saw her alive on Apr 120, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death auricular fibrillation 10 days

Due to Chr myocarditis

Due to Diabetes 2 yrs

Other conditions (include pregnancy within 3 months of death) Diabetes
Major findings:
Of operations
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 J. Schindewolf (M. D. or other) M.D.
Address 2000 293 Date signed 4/21/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Schneiderwolf
2000-9 5th

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

David Van Fossen

Licensed Embalmer No. *4242*

P. O. Address. *2906 Garvin*

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, fact should be so stated above.