

FILED SEP 28 1943
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5476 Claxton Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Joseph W. Rautenstrauh
3. (b) If veteran, name war no **3. (c) Social Security** No. 494-05-2512

4. Sex male **5. Color or** white **6. (a) Single, widowed, married,** divorced married
6. (b) Name of husband or wife Grace Rautenstrauh **6. (c) Age of husband or wife if** 57 years
7. Birth date of deceased. September 19th 1885
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
57	11	27	hr. _____ min.

9. Birthplace. St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation. Foreman, Maintenance Man

11. Industry or business _____
12. Name. Richard Rautenstrauh
13. Birthplace. Unknown
(City, town, or county) (State or foreign country)
14. Maiden name. Louise Yamm
15. Birthplace. Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant. Grace Rautenstrauh
(b) Address. 5476 Claxton Ave

17. (a) Cremation **(b) Date thereof.** 9/20/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. Valhalla Crematory

18. (a) Signature of funeral director. Calvin J. Feutz, Funeral Home
(b) Address. 4828 National Bridge Blvd.

19. (a) SEP 20 1943 **(b)** J. F. Biedeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 7 17 9
(d) Street No. 5476 Claxton Ave (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 16th
year 1943 hour three minute 00 P. M.

21. I hereby certify that I attended the deceased from Mar. 18, 1941 19 _____ to Sept. 16, 1943 19 _____;
that I last saw him alive on Sept 16, 1943, 19 _____;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 3 yrs

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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. John Rautenstrauh (M. D. brother)
Address 508 N. Grand Date signed 9/18/43

Metropolitan Hall
1/8 3 1924

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..... *John A. Milner*

Licensed Embalmer No. *4186*

P. O. Address..... *St. Louis, Mo*

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.