

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

22551

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 20 1944

Registration District No. 31

Primary Registration District No. 3067

Registrar's No. 1318

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Ladue
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
5 Upper Ladue
 (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

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis 96
 (c) City or town Ladue 12
 (If outside city or town limits, write "RURAL")
 (d) Street No. # 5 Upper Ladue Rd. 1
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____ 11

3. (a) PRINT FULL NAME Aaron S. Rauh
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Elsie Rauh 6. (c) Age of husband or wife if alive 62 years
 7. Birth date of deceased November 26 1872
 (Month) (Day) (Year)

8. AGE: Years 71 Months 6 Days 21 If less than one day hr. _____ min. _____

9. Birthplace Memphis Tenn.
 (City, town, or county) (State or foreign country)

10. Usual occupation Executive

11. Industry or business Rice Stig Dry Goods Co.

12. Name Samuel Rauh

13. Birthplace Unknown Germany
 (City, town, or county) (State or foreign country)

14. Maiden name Jannette Rice

15. Birthplace Unknown Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Aaron Rauh

(b) Address #5 Upper Ladue Rd.

17. (a) Burial (b) Date thereof: 6-19-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director Herman Rindskopf

(b) Address 5216 Delmar Blvd.

19. (a) JUN 19 1944 (b) E. J. Mc Gaven, MD
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 17 day _____
 year 1944 hour 3 minute 30 a.m.

21. I hereby certify that I attended the deceased from Oct
1941, 19 _____, to June 17, 19 44
 that I last saw him alive on June 15, 19 44
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 30 min

Due to arterio sclerosis and the myocardial weakness 10 years

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 Walter Fisher (M. D. or other) _____

Address 3720 Washington - St. Louis Date signed June 17-44

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SEP 22 1944

JUL 18 1944

JUN 21 1944

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 Ketter

Licensed Embalmer No. 3880

P. O. Address 4355 Washington

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.