V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35766

FILED DEC 3 1945

Registration District No. 13 Primary Registration District No. 1003 Registrar's No. 10518

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: 2962 Prairie 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 70 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis 1017
(If outside city or town limits, write "RURAL")
(d) Street No. 2962 Prairie Ave. 9
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph L. Rauch

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M. 0
5. Color or race W.
6. (a) Single, widowed, married, divorced M. /

6. (b) Name of husband or wife Stella J. Rauch
6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased April 18th., 1861
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
84	7	14	hr. min.

9. Birthplace Evansville (City, town, or county) Ill. / (State or foreign country)
10. Usual occupation Retired Salesman
11. Industry or business Sickles Harness Co.

FATHER
12. Name Bernard Rauch
13. Birthplace (City, town, or county) Bavaria 4 (State or foreign country)

MOTHER
14. Maiden name Mary Beck
15. Birthplace (City, town, or county) France 5 (State or foreign country)

16. (a) Informant Mrs. Stella J. Rauch
(b) Address 2962 Prairie Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-5-45 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.
19. (a) DEC 4 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2nd., year 1945 hour 3 minute p. M.

21. I hereby certify that I attended the deceased from Oct. 1st, 1945, to 12-2-, 1945; that I last saw him alive on 12-2-45, 19; and that death occurred on the date and hour stated above.

Immediate cause of death acute pathocarditis resulting in gen. peritonitis
Due to Cancer stomach
Due to Senility
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature W. W. Harris (M. D.)
Address 3505 N. Grand Date signed 12-3-45

(Licensed Embalmer's Statement on Reverse Side)

Dr. W. Harris
3505 N. Grand Blvd.

1-2

J 60191

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.