S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39670

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11115

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:
St. Anthony Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (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. 5659 Leona Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME GERTRUDE RAUSCHKOLB

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Milton

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased March (Month) 28 (Day) 1897 (Year)

8. AGE: Years 48 Months 8 Days 19 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name Frank Eichott
13. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Lizzette Miller
15. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Milton Rauschkolb
(b) Address 5659 Leona Street

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12 (Month) 21 (Day) 45 (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director A. H. McLaughlin
(b) Address 2301 Lafayette Avenue

19. (a) DEC 19 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 17 day 1945
year hour 11 minute 45 a.m.

21. I hereby certify that I attended the deceased from Sept 1944 Sept, 1944 to Dec 17, 1945
that I last saw her alive on Dec 17, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation

Due to

Due to general debility

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

95

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 S. A. Frank (M. D. or other)

Address 3606 Guarnd Ave Date signed 12-19-45

(Licensed Embalmer's Statement on Reverse Side)

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 C. H. Cooper

Licensed Embalmer No. 3830

P. O. Address 2317 Lafayette Ave

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.