S. No. 2
M—5-43
r. 5-17-39
o 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. 7159

FILED MAR 72 1946

Registration District No. _____ Primary Registration District No. 6076 Registrar's No. 470

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Baden
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Halls Ferry Memorial Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community: Frances Rauker

2. USUAL RESIDENCE OF DECEASED:
(a) State: Illinois (b) County: Macoupin 999
(c) City or town: Benld 11
(If outside city or town limits, write "RURAL")
(d) Street No.: 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 2
If yes, name country _____

3. (a) PRINT FULL NAME: ~~Frances Rauker~~ Frances Rauker
3. (b) If veteran, name war: Nil
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widower
6. (b) Name of husband or wife: Unknown
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: October (Month) 21 (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
77	4	1	hr. ____ min.

9. Birthplace: Unknown (City, town, or county) Yugoslavia (State or foreign country) 8
10. Usual occupation: Housewife
11. Industry or business _____
12. Name: Walter Pinter 8
13. Birthplace: Yugoslavia (City, town, or county) (State or foreign country) 0
14. Maiden name: Antonia Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant: Tonica Schwoppach
(b) Address: Benld, Ill.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 2-23-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Benld, Illinois
18. (a) Signature of funeral director: Albert H. Hoppe
(b) Address: 4700 Washington Blvd.
19. (a) 2-23-46 (Date received local registrar) (b) C.G. McGovern M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22 year 1946 hour 11 minute 20 A.M.
21. I hereby certify that I attended the deceased from Jan 16, 1946, to Feb 22, 1946 and that I last saw him alive on Feb 22, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Endocarditis	
and Diabetic Gangrene	
Due to	
Due to Diabetes	
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? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature: M. Sliwa (M. D. or other)
Address: Lindell Trust Bldg. Date signed 2-22-46

Cause Diabetes

107 (Licensed Embalmer's Statement on Reverse Side)

Ex-4270

MAR 19 1946

MAR 8 1946

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 Henry W. Brammer

Licensed Embalmer No. 4200

P. O. Address.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of ..... }

State File No. .....
Local Registrar's No. .....

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 7 day of March, 1946, before me appears Tonica Schwoppach, who, upon her oath, states that the original record of death for Frances Raucker died Feb 22, 1946 in the State of Missouri, and which was filed at Clayton Mo on Feb 23, 1946 should be corrected as follows:

Item No. 3 should read Frances Rauker
Instead of Frances Raucker
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Tonica Schwoppach daughter
Relationship.

Benld, Illinois
Present Address.

RECEIVED
MAR 11 1946
...stics,

Subscribed and sworn to before me this 7th day of March, 1946.

My Commission expires March 15, 1949 Elnora Bartolotti Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S. 135
-8-43
X37817

MAR 19 1946