

No. 2  
-12-45  
5-17-39  
I X47074

**FILED** 82/31846

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003** Registrar's No. **8775**

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:  
4533 Ray Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 32 years (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Mrs. Ida Rauch  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife William Rauch 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased September 6, 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 1 4 hr. min.

9. Birthplace Pinkneyville, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name Unknown Faust

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

14. Maiden name Elizabeth Fauss

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

16. (a) Informant Louis Rauch

(b) Address 4533 Ray

17. (a) Burial (b) Date thereof Oct. 14, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beiderwieden F. H., Inc.

(b) Address 1936 St. Louis Avenue

19. (a) OCT 14 1946 (b) J. F. Bredick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Missouri  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4533 Ray Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10,  
year 1946 hour 4: minute 00 P.A.M.

21. I hereby certify that I attended the deceased from 2-2-37  
1937 to 10-10 1946  
that I last saw her alive on 10-1-46 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration \_\_\_\_\_

Due to Hypertension 83 9 yrs +

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? \_\_\_\_\_

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

23. Signature Carl W. Klein (M. D. or other) MD

Address 2632 S. Kingshighway Date signed 10-11-46

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

MOTHER FATHER

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**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.....

*Delbert J. Kriepin*

Licensed Embalmer No.....

*3497*

P. O. Address.....

*1936 St. Louis*

**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.**