S. No. 2
—12-45
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13905

Registration District No. 160 Primary Registration District No. 3029 Registrar's No. 24

1. PLACE OF DEATH
(a) County: Jefferson
(b) City or town: Crystal City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: / (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: 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jefferson 50
(c) City or town: Crystal City (If outside city or town limits, write "RURAL") /
(d) Street No. / (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Anna Henrietta Rasche
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: Franz Rasche
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: June (Month) 16 (Day) 1873 (Year)

8. AGE: Years	Months	Days	If less than one day
73	9	14	hr. min.

9. Birthplace: Cape Girardeau (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: William Rasche 9
13. Birthplace: Unknown (City, town, or county) / (State or foreign country)
14. Maiden name: Minnie Hoffmeister
15. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant: Anna Schrader
(b) Address: Crystal City Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 2-1947 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~: Gamble Cem. Festus Mo.
18. (a) Signature of funeral director: H. S. Vineyard
(b) Address: Festus Mo.
19. (a) March 31, 1947 (Date received local registrar) (b) Clara Belleville (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30 year 1947 hour 8 minute 20 P. M.
21. I hereby certify that I attended the deceased from July 1940 ~~March~~, 19 47, to March 30, 19 47 that I last saw her alive on March 29, 19 47 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma left axilla, primary foci unknown	7 yrs.
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	

Major findings: Of operations: Operated 1941 and 1943. X-Ray treatment later.
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: John F. Rutledge (M. D. or other): —
Address: Crystal City Date signed 3-31-47

142 (Licensed Embalmer's Statement on Reverse Side)

MAY 12 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.....

Licensed Embalmer No. 3010

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.