No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 10 1948

Registration District No. 3707

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 3561

Registrar's No. 5

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

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Jennings (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2109 Switzer Avenue (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 .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: Jennings, (If outside city or town limits, write "RURAL")
(d) Street No.: 2109 Switzer Avenue (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: MRS. KATHERINE RAUSCH
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Frank Rausch
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: September (Month) 20, (Day) 1872 (Year)

8. AGE: Years 75 | Months 3 | Days 13 | If less than one day ..... hr. ..... min.

9. Birthplace: Germany (City, town, or county) (State or foreign country)
10. Usual occupation: At home,
11. Industry or business: --------

MOTHER FATHER
12. Name: Peter Boden
13. Birthplace: Germany (City, town, or county) (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Germany (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Alvina Leuchtman
(b) Address: 2109 Switzer Avenue,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery
18. (a) Signature of funeral director: W. A. Stock
(b) Address: 2117 East Grand Blvd
19. (a) 1-5-48 (Date received local registrar) (b) Cecil A. Starkloff M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3d year 1948 hour 3 minute ..... A.M.
21. I hereby certify that I attended the deceased from Nov. 1945, 19.., to Jan. 2, 1948, that I last saw her alive on Jan. 2, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Heart disease — 2 years
Due to: Arteriosclerosis
Due to: Senile Dementia — 93 d
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: —
Of autopsy: —

PHYSICIAN — Underline the cause of 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: Thomas Newman (M. D. or other) M.D.
Address: 3127 S. Compton Date signed: 1-3-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr. Thos. A. Hayland
3127a E Grand

GR 1413

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 Frank E. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E Grand

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.