

FILED MAR 22 1948

Registration District No. 37

Primary Registration District No. 3066

Registrar's No. 693

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Kirkwood  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
714 Cleveland Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Kirkwood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 714 Cleveland Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Peter Robert Rauscher

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced D 3

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 3 1895  
(Month) (Day) (Year)

8. AGE: Years 53 Months 1 Days 8 If less than one day hr. min.

9. Birthplace St. Louis County Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Welder

11. Industry or business

12. Name John Casper Rauscher  
13. Birthplace Germany  
14. Maiden name Elizabeth Straub  
15. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant C. Rauscher  
(b) Address 1000 N. Kirkwood Rd. Kirkwood

17. (a) Burial (b) Date thereof 3/13/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park

18. (a) Signature of funeral director Louis H. Bopp, Inc.

(b) Address 131 W. Argonne Dr., Kirkwood

19. (a) 3-12-48 (b) Beaulieu  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3-11 day March  
year 1948 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from July 24, 1947 to 3-11, 1948  
that I last saw him alive on 3-11, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Chronic Myocarditis  
Due to Arteriosclerosis

Due to 93d.

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?

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

23. Signature Royal E. McLean (M.D. or other) \_\_\_\_\_  
Address Kirkwood Mo. Date signed 3/12/48

**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 Peter B. Dubowitz

Licensed Embalmer No. 3691

P. O. Address Richmond Heights, Mo.

**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.**