S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 15 1948

Registration District No. 2

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3066

State File No. 18206

Registrar's No. 1365

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: NONE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether
In this community: 24 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: MO (b) County: ST LOUIS 96
(c) City or town: KIRKWOOD 4
(If outside city or town limits, write "RURAL")
(d) Street No.: 549 E ARGONNE DRIVE 3
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: PHILIP RAU

3. (b) If veteran, name war: NO

3. (c) Social Security No.:

4. Sex: M 0

5. Color or race: W

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: NELLIE L RAU

6. (c) Age of husband or wife if alive: 62 years

7. Birth date of deceased: APRIL (Month) 12 (Day) 1885 (Year)

8. AGE: Years 63 | Months 1 | Days 18 | If less than one day ... hr. ... min.

9. Birthplace: ST LOUIS (City, town, or county) MO 0 (State or foreign country)

10. Usual occupation: REAL ESTATE

11. Industry or business: SAME

MOTHER FATHER

12. Name: ALEXANDER RAU

13. Birthplace: POSEN (City, town, or county) GERMANY 4 (State or foreign country)

14. Maiden name: UNKNOWN

15. Birthplace: UNKNOWN (City, town, or county) GERMANY 4 (State or foreign country)

16. (a) Informant: Nellie L. Rau
(b) Address: 549 E ARGONNE DRIVE

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof: 6-3-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: VALHALLA

18. (a) Signature of funeral director: Parker Und Co.
(b) Address: Webster Groves Mo

19. (a) 6-1-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 30 year 1948 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 15, 1948, to May 30, 1948; that I last saw him alive on May 30, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: (1) Myocarditis	
(2) Coronary occlusion	
Due to:	
Due to: 93	
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: W. Alexander Smith (M. D. or other)
Address: Webster Groves Date signed 6-1-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves 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.