

FILED JUN 28 1948

State File No.

5569

Registration District No. 318

Primary Registration District No.

1003

Registrar's No.

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:
Enroute City Hospital #1 3
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community..... **Life** (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME **EMMA RAUSCH**

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..... **George F. Rausch** 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased **August 18-1857**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 8 1 hr. min.

9. Birthplace **St. Louis, Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

MOTHER FATHER { 12. Name **Henry Schaub**

13. Birthplace **Unknown** 9
 (City, town, or county) (State or foreign country)

14. Maiden name **Emma Orb**

15. Birthplace **Alsace Lorraine** 8
 (City, town, or county) (State or foreign country)

16. (a) Informant **Alma Rausch**

(b) Address **1614a S. 18th Street**

17. (a) **Cremation** (b) Date thereof **6-22-1948**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mo. Crematory**

18. (a) Signature of funeral director **Wynell H. ...**

(b) Address **1926 Allen Avenue**

19. (a) **JUN 21 1948** **J. F. Brodeur**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County..... **000**
 (c) City or town..... **St. Louis** 1790
 (If outside city or town limits, write "RURAL")
 (d) Street No. **1614a S. 18th Street**
23 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: **June** day **19th**
 year **1948** hour **10:40** minute **25** A. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw h..... alive on....., 19....., and that death occurred on the date and hour stated above.

Immediate cause of death **Strangulation, due to hanging, when deceased was found hanging from a transom of an inside door on the third floor of her home, with rope around her neck, on June 19th, 1948, about 10:40 A.M.**

Due to **SUICIDE**

Other conditions (Include pregnancy within 3 months of death).....

Major findings: Of operations..... **Hott**

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)..... **Suicide**

(b) Date of occurrence..... **6-19-1948**

(c) Where did injury occur?..... **St. Louis, Mo.**
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?..... **Home**

While at work..... no (Specify type of place) (e) Means of injury..... **see above**

23. Signature **Alma Rausch** (M. D. or other) **1/21/48**

Address..... Date signed.....

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.....

..... **Me**, Registered Apprentice No.....
working under my personal supervision.

Signed.....

Benj. L. Duncan

..... Licensed Embalmer No. **2272**

..... P. O. Address **1926 Allen Avenue**

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.