No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24637

FILED JUL 22 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6181

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Bond 999
(c) City or town Sorento
(If outside city or town limits, write "RURAL")
(d) Street No. R.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Helen Rau
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 Paul C. Rau
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 15 1874
(Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 26 If less than one day hr. min.

9. Birthplace Columbia Bottoms Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Sewing Machine Operator
11. Industry or business Tie Factory
FATHER
12. Name August Franz
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
16. (a) Informant Paul T. Rau
(b) Address Sorento, Illinois
17. (a) Removal (b) Date thereof 7/12/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sorento, Illinois
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.,
19. (a) JUL 12 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
year 1948 hour 12 minute 20 P M.
21. I hereby certify that I attended the deceased from 5-11-48, 19, to 7-11-48, 19;
that I last saw her alive on 7-11-48, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Malignant Lymphomatosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Tumor of mediastinum metastase

Duration

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 J. G. Prolster (M. D. or other)
Address Lister Bldg. Date signed

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 Albert H. Hoppe

Licensed Embalmer No. 2971

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.