

FILED DEC 1 1950
 #17112

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

38948

State File No. _____
 Registrar's No. 9821

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN St. Louis		2159	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.			STREET ADDRESS (If rural, give location) 4741 S. Broadway			
3. NAME OF DECEASED (Type or Print) a. (First) FRED b. (Middle) _____ c. (Last) RAUHUT			4. DATE OF DEATH (Month) (Day) (Year) Nov. 17th, 1950			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 13, 1862	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. 15 years	10b. KIND OF BUSINESS OR INDUSTRY Caprenter	11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? 7		
13a. FATHER'S NAME Fred Rauhut		13b. MOTHER'S MAIDEN NAME Christina Wehrner		14. NAME OF HUSBAND OR WIFE Mary Rauhut		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Rauhut 4741 S. Broadway			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____		19b: MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>fall</u>				
22. I hereby certify that I attended the deceased from <u>10/11/50</u> , to <u>11/17/50</u> , that I last saw the deceased alive on <u>11/17/50</u> , and that death occurred at <u>1:15am</u> m., from the causes and on the date stated above.						
23a. SIGNATURE <u>Robert Kuyasa M.D.</u>		23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 11/17/50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-20-50	24c. NAME OF CEMETERY OR CREMATORY St. Trinity Lutheran	24d. LOCATION (City, town, or county) (State) Lemay, Mo.			
DATE REC'D BY LOCAL REG. NOV 20 1950		REGISTRAR'S SIGNATURE <u>J. B. Fasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Southern Funeral Home 6322 S. Grand Blvd.		

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

David Van Fossan

Signed.....
Student Embalmer

Licensed Embalmer No. 4242

P. O. Address 6322 S. Grand Bvd
St. Louis, 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.