

FILED APR 20 1951

STANDARD CERTIFICATE OF DEATH

14623

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3196**

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**
c. LENGTH OF STAY (in this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Luke's Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo.**
b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**
d. STREET ADDRESS (If rural, give location) **4251 Wyoming St.**

3. NAME OF DECEASED
a. (First) **GUSTAVE**
b. (Middle) **J.**
c. (Last) **RAU**

4. DATE OF DEATH (Month) (Day) (Year)
Apr. 5 1951

5. SEX **Male**
6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widower**

8. DATE OF BIRTH **Sep't. 17, 1867**

9. AGE (In years last birthday) **83**
IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 24 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Ass't. Chief Insp.**

10b. KIND OF BUSINESS OR INDUSTRY **Ass'n. of R.R. Sup't.**

11. BIRTHPLACE (State or foreign country) **Pacific, Mo.**

12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME **Christian Rau**

13b. MOTHER'S MAIDEN NAME **Fredericka Henzler**

14. NAME OF HUSBAND OR WIFE **Late Rosalie Rau**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No**

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME **Elmer Rau** ADDRESS **4251 Wyoming St.**

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) **Melanoma (primary site not determined)**
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 **at least 14y.**

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from **April 29, 1948**, to **April 5, 1951**, that I last saw the deceased alive on **April 4, 1951** and that death occurred at **4:40 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE **Geo. W. Stuer** (Deceased or title) **M.D.**

23b. ADDRESS **3720 Washington Blvd**

23c. DATE SIGNED **4-5-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **Apr. 7, 1951**

24c. NAME OF CEMETERY OR CREMATORY **SS Peter & Paul Cem.**

24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE **APR 5 1951 J. B. Lester**

25. FUNERAL DIRECTOR'S SIGNATURE **Kriegshauser** ADDRESS **4228 S. Kingshighway Bl.**

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

Edwin A. M. Bennett

Signed.....
Student Embalmer

Licensed Embalmer No. *3024*

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.