

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3674

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) TOWN St. Louis		2159	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Altenheim		d. STREET ADDRESS St. Louis Altenheim			

3. NAME OF DECEASED (Type or Print) a. (First) Addie Rauth c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Mar. 30, 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 21, 1867
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.

13a. FATHER'S NAME Geo. Liebig	13b. MOTHER'S MAIDEN NAME Mary Schlemmer	14. NAME OF HUSBAND OR WIFE Rudolph Rauth
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. no	17. INFORMANT'S SIGNATURE OR NAME St. Louis Altenheim 5408 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH 10 days
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>		?
	DUE TO (c) <u>hypertension</u>		?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) St. Louis Mo
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? 231X

22. I hereby certify that I attended the deceased from Oct 31, 1936, to Mar 20, 1951, that I last saw the deceased alive on March 29, 1951, and that death occurred at 820a m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. Stubbiff MD</u>	(Degree or title)	23b. ADDRESS <u>512 Owen Place</u>	23c. DATE SIGNED <u>3/31/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-2-51	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cem.	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. APR 2 1951	REGISTRAR'S SIGNATURE <u>J. B. Pascoe</u>	5. FUNERAL DIRECTOR'S SIGNATURE <u>Southern Funeral Home</u>	ADDRESS <u>6322 S. Grand Blvd.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Mr. *Starkloff*  
*512 1/2 Ave*  
*170 1/2*

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 C. Johnson*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4242*

P. O. Address *6322 So Grand*

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.