

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **28941**

No. 300  
10-48  
FILED AUG 23 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 2221

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b> <u>4002</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CLAYTON</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CLAYTON</b> <u>4442</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LOUIS COUNTY HOSPITAL</b>		d. STREET ADDRESS <b>#235 SO. MERAMEC AVE., 0</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>FRIEDERIKA</b>	b. (Middle) <b>ROBYN</b>	c. (Last) <b>RAUCHENSTEIN.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>AUG. 10, 1951</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 3 1868</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>St. Louis, County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Karl Robyn.</b>	13b. MOTHER'S MAIDEN NAME <b>Friederika Erb.</b>	14. NAME OF HUSBAND OR WIFE <b>Frank W. Rauchenstein.</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Frank C.R. Rauchenstein;</b>	ADDRESS <b>Clayton, Mo.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebrovascular accident (Stroke)</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 hours</b>
	ANTECEDENT CAUSES DUE TO (b) <b>Hypertension</b>		<b>years</b>
	DUE TO (c) <b>Arteriosclerosis</b>		<b>years</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>331X</b>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from May 6, 1943 to Aug 10, 1951, that I last saw the deceased alive on July 20, 1951, and that death occurred at 6:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Charles N. Duden M.D.</b> (Degree or title)	23b. ADDRESS <b>3720 Washington</b>	23c. DATE SIGNED <b>8-11-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>	24b. DATE <b>Aug. 13, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Missouri Crematory</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>8-11-51</b>	REGISTRAR'S SIGNATURE <b>Hubert R. Dornbe M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C.R. Lupton &amp; SONS;</b>	ADDRESS <b>7233 Delmar Blvd.,</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Melvin L. Kemper*.....

Licensed Embalmer No. *4052*.....

P. O. Address *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.