

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40960**

FILED NOV 22 1952

No. 300
10.48

4003

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 544		Registrar's No. 2910	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write BURAL and give township) OR TOWN Maplewood		c. LENGTH OF STAY (in this place) 5 days		c. CITY (If outside corporate limits, write BURAL and give township) OR TOWN Maplewood		4524	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Co. Hospital				d. STREET ADDRESS (If rural, give location) 1809 Berman			
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) H. c. (Last) Rausch			4. DATE OF DEATH (Month) (Day) (Year) 11-9-1952				
5. SEX Male		6. COLOR OR RACE Cal.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 3/30/1907	
9. AGE (In years last birthday) 45		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Bank Messenger		10b. KIND OF BUSINESS OR INDUSTRY St. Louis Co. H.S.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME George W. Rausch		13b. MOTHER'S MAIDEN NAME Gertrude Eyer		14. NAME OF HUSBAND OR WIFE Samuel Rausch	
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. 487-01-6496		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Samuel Rausch 1809 Berman			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIAL RUPTURE ANTECEDENT CAUSES DUE TO (b) POST MYOCARDIAL INFARCTION DUE TO (c) ARTERIOSCLEROTIC & HYPERTENSIVE HEART DIS. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4200					INTERVAL BETWEEN ONSET AND DEATH 1-2 HRS 5-7 DAYS UNK.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11-4-1952 , to 11-9-1952 , that I last saw the deceased alive on 11-9-1952 and that death occurred at 10:30 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Robt. Han M.D.				23b. ADDRESS 601 S. Brentwood Clayton		23c. DATE SIGNED 11-10-1952	
24a. BURIAL, cremation		24b. DATE 11-15-52		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) 5500 Brown Rd. St. Louis Mo	
DATE REC'D BY LOCAL REG 11-12-52		REGISTRAR'S SIGNATURE Harbert R. Donke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. Bruce 4469 Washington Blvd			

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

(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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Frederick P. Stark

Licensed Embalmer No. 4599

P. O. Address St. Louis

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.