

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3185**  
Registrar's No. **38**

FILED JAN 19 1954

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 <b>Missouri</b>		b. COUNTY	
b. CITY OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) <b>15 4467 Grace Ave</b>		215/0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospital</b>					

3. NAME OF DECEASED (Type or Print) <b>Margaret</b>		a. (First)		b. (Middle)		c. (Last) <b>Rausch</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1-1-1954</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>		8. DATE OF BIRTH <b>6-21-1889</b>		9. AGE (In years last birthday) Months Days <b>64</b>	
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 (City and State or Foreign Country) <b>Hungary</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>Joseph Egler</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Pleso</b>		14. NAME OF HUSBAND OR WIFE	
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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.		17. INFORMANT'S SIGNATURE OR NAME <b>Jack Rausch</b>		ADDRESS <b>5124 Michael Ave</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.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<b>Cerebral Hemorrhage</b>				<b>1 day</b>	
ANTECEDENT CAUSES		DUE TO (b) <b>Malignant Hypertension</b>				<b>18.000</b>	
		DUE TO (c) <b>Disseminated Myocarditis</b>				<b>2 yrs.</b>	
II. OTHER SIGNIFICANT CONDITIONS		<b>Atrial fibrillation</b>				<b>18 days</b>	

19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>		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) <b>None</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>331X</b>	
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22. I hereby certify that I attended the deceased from **Dec 6, 1951**, to **Jan 1, 1954**, that I last saw the deceased alive on **Dec 30, 1953**, and that death occurred at **7:25 P.M.** from the causes and on the date stated above.

23a. SIGNATURE <b>M. J. Grodzinski</b>		(Degree or title)		23b. ADDRESS <b>2767 Gravois St.</b>		23c. DATE SIGNED <b>1-2-54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>1-2-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>		24d. LOCATION (City, town, or county) (State) <b>10160 Gravois Road Mo</b>	
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DATE REC'D BY LOCAL REG. <b>JAN 4 1954</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		FUNERAL DIRECTOR'S SIGNATURE <b>M. J. Grodzinski</b>		ADDRESS <b>6409 Gravois Ave</b>	
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2767 Gravois Ave. 1 to 3  
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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Van M. Simon*

Licensed Embalmer No. .... *43*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.**