

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31517**

FILED SEP 20 1954

BIRTH NO. REG. DIST. NO. **299** PRIMARY REG. DIST. NO. **6025** Registrar's No. **30**

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON REYNOLDS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before institution). a. STATE <b>Mo.</b> b. COUNTY <b>REYNOLDS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Aradria LESTERVILLE TWP</b>	c. LENGTH OF STAY (In this place) <b>REYNOLDS</b>	c. CITY OR TOWN <b>Westerville</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Black River Lodge</b>		e. STREET ADDRESS (If rural, give location) <b>5434a-Morganford-Rd.</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>ROBERT</b>	b. (Middle) <b>M.</b>	c. (Last) <b>RAUSCHER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 1 1954</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 31, 1883</b>	9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months	IF UNDER 12 HOURS Hours	IF UNDER 24 HOURS Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Department Mgr.-Wahl Shoe Co.</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>John Rauscher</b>	13b. MOTHER'S MAIDEN NAME <b>Jacobine Noe</b>	14. NAME OF HUSBAND OR WIFE <b>Elsie Rauscher</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Elsie Rauscher</b>	ADDRESS <b>5434a Morganford Rd.</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 <b>4 hrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Atherosclerosis</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Myocarditis Obs.</b> DUE TO (c) <b>Coronary art. dis</b>		<b>17 yrs</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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 **5-18**, 19**53** to **7-28**, 19**54** that I last saw the deceased alive on **7-28**, 19**54** and that death occurred at **10:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>G. H. Chelch MD</b>	23b. ADDRESS <b>3606 Gravois</b>	23c. DATE SIGNED <b>Aug 3-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Aug. 5, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Aug 17/54</b>	REGISTRAR'S SIGNATURE <b>W. H. ...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Kriegshauser</b>	ADDRESS <b>4226 S. Kingshighway Bl.</b>
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(Licensed Embalmer's Statement on Reverse Side)

No. 300  
10.48  
0501954  
0900  
and best  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 20 1954

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 *Julius A. Krausman*.....

Licensed Embalmer No. *453*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.