

FILED JAN 18 1955

STANDARD CERTIFICATE OF DEATH

43930

State File No. 11005

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 Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) Life		e. STREET ADDRESS (If rural, give location) 2109 2962 Prairie Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2962 Prairie Ave.			

3. NAME OF DECEASED. (Type or Print)		a. (First) Joseph		b. (Middle) L.		c. (Last) Rauch		4. DATE OF DEATH (Month) (Day) (Year) Dec. 2, 1954	
5. SEX M. <input checked="" type="checkbox"/>	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S.		8. DATE OF BIRTH Dec. 31, 1904		9. AGE (In years last birthday) 49		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Laborer, City Police Dept.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.		

13a. FATHER'S NAME Joseph L. Rauch		13b. MOTHER'S MAIDEN NAME Stella Guedry		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. (If none, give war or dates of service) World War # 2 49-13-45096		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Stella J. Rauch, 2932 Prairie Ave.	
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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) <i>Carbon Monoxide Poisoning</i>		MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES <i>suffered when deceased was at home while sleeping in car in garage in rear of house on Dec 2, 1954</i>			
II. OTHER SIGNIFICANT CONDITIONS <i>stack lime underneath</i>				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>Accident</i>	20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE <i>Accident</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis Mo Mo</i>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <i>Dec 2 54 ? m.</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <i>E 29 10</i>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at *8:45 a.m.*, from the causes and on the date stated above. *14*

23a. SIGNATURE <i>James M. Kelly Deputy Coroner</i>	(Degree or title)	23b. ADDRESS <i>1300 Clark</i>	23c. DATE SIGNED <i>12/3/54</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 6, 1954	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.
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DATE REC'D BY LOCAL REG. DEC 3 1954	REGISTRAR'S SIGNATURE <i>Carl Smith</i>	FUNERAL DIRECTOR'S SIGNATURE <i>J. Donnelly</i>	ADDRESS 3840 Lindell Blvd.
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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 *me*....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W. M. S. L. L. L.*.....
Licensed Embalmer No. *469*
P. O. Address *3846 Lind*

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.