

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31382**  
Registrar's No. **8489**

FILED OCT 7 - 1955

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____			
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 (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (in this place) _____		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"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Anthonys Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>15 4423 Alaska</b>					
3. NAME OF DECEASED (Type or Print) <b>Mary Rauhut</b>			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 26, 1955</b>			
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>April 8, 1869</b>			
9. AGE (In years last birthday) <b>86</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Germany</b>			
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>									
13a. FATHER'S NAME <b>Unk Rochla</b>			13b. MOTHER'S MAIDEN NAME <b>unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Fred Rauhut Sr.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>			16. SOCIAL SECURITY NO. <b>unk</b>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. M. Winkler 4611 Tennessee</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>cc. dilatation of heart</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic cardio vascular disease</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>diabetes mellitus</b> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>1/2 hrs.</b> <b>several yrs.</b> <b>??</b>	
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input 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) <b>443X</b>					
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 <b>9/24</b> , 19 <b>51</b> , to <b>9/26</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>9/26</b> , 19 <b>54</b> , and that death occurred at <b>11a</b> m., from the causes and on the date stated above.									
23a. SIGNATURE <b>Carroll S. Creasman</b>				23b. ADDRESS <b>752 Lousay Ferry Rd</b>		23c. DATE SIGNED <b>9/27/55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>9-29-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Trinity Lutheran</b>		24d. LOCATION (City, town, or county) (State) <b>Lemay 23, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>SEP 28 1955</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Southern Funeral Home 6322 S. Grand Blvd., St. Louis, Mo.</b>					

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

DR. CRECELIVS  
752 LEMAY FERRY  
FL 3-2224

**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 myself, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed David Van Fossen

Licensed Embalmer No. 454

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