FILED DEC 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37008
STATE FILE NUMBER

Registration District No. 32 Primary Registration District No. 4042 Registrar's No. 86

1. PLACE OF DEATH
a. COUNTY Bollinger
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lutesville Mo — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bond N.H — Length of stay in 1b 10 mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cape Gir
c. CITY OR TOWN Dutchtown — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Louis Middle Carl Last Rau
4. DATE OF DEATH: Month Dec Day 2 Year 56
5. SEX: M
6. COLOR OR RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: June 20 1886
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months 3 Days 12 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Selling Merc
11. BIRTHPLACE (City and state or country): Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Phillip Rau
14. MOTHER'S MAIDEN NAME: Bonzach
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 486-38-0402-A
17. INFORMANT: Mrs L. C. Rau, Dutchtown Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Fractured left hip
DUE TO (c) Fall on floor E903.7
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a). 44 Arteriosclerosis
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Fell on floor in room
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year 11 56
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 3/4/56 to 12/2/56 and last saw her/him alive on 12/1/56
Death occurred at 2:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE John J Whyas (Degree or title) DO
22b. ADDRESS Lutesville Mo
22c. DATE SIGNED 12-5-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation
23b. DATE Dec 6-56
23c. NAME OF CEMETERY OR CREMATORY Valhalla Crem.
23d. LOCATION (City or town, state) St Louis Mo
24. FUNERAL DIRECTOR Deneke-Laird Jackson ADDRESS Mo
25. DATE RECD. BY LOCAL REG. 12-5-56
26. REGISTRAR'S SIGNATURE Mrs. Buford Crader

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R. O. Laird

Licensed Embalmer No. 4

P. O. Address Jacke

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.