

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-027834

AMENDED Registration District No. 317 Primary Registration District No. 544 Registrar's No. 2065 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

**FILED AUG 3 1961**

1. PLACE OF DEATH  
 a. COUNTY St. Louis  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood Length of stay in 1b 4 days  
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Mo b. COUNTY St. Louis  
 c. CITY OR TOWN Ballwin Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 309 Essen Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last Elizabeth Rauscher  
 4. DATE OF DEATH Month Day Year July 22 1961

5. SEX female 6. COLOR OR RACE white 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 12-17-61 9. AGE (last birthday) 71  
 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework 10b. KIND OF BUSINESS OR INDUSTRY own home 11. BIRTHPLACE (City and state or country) St. Louis Co., Mo U.S.A. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME John Bachus 13b. MOTHER'S MAIDEN NAME Mary Oppermann 14. NAME OF HUSBAND OR WIFE Arthur Rauscher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. no 17. INFORMANT Marvin Rauscher Address Ballwin, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Myocardial Infarction INTERVAL BETWEEN ONSET AND DEATH 5 days  
 DUE TO (b) Coronary artery thrombosis  
 DUE TO (c) \_\_\_\_\_  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
 PART III. If deceased was female was there a pregnancy in last 90 days  Yes  No  Unknown

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.)  
 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year \_\_\_\_\_

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 May 1961 to time of death and last saw her/him alive on 22 Jul 61  
 Death occurred at \_\_\_\_\_ on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title) Joseph G. Crust M.D. 22b. ADDRESS \_\_\_\_\_ 22c. DATE SIGNED \_\_\_\_\_

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 7-25-61 23c. NAME OF CEMETERY OR CREMATORY St. Paul Cemetery 23d. LOCATION (City, town, or county) (State) Des Peres, Missouri

24. FUNERAL DIRECTOR Schrader Funeral Home Ballwin, Mo. ADDRESS \_\_\_\_\_ 25. DATE RECD. BY LOCAL REG. 7-24-61 26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

**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 Richard Bopp

Licensed Embalmer No. 4584

P. O. Address Baltimore, Md

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.