

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

1974-63-009243
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. _____

FILED FEB 28 1963

VS 300
Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		a. STATE Missouri b. COUNTY St. Louis	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital		c. CITY OR TOWN Maplewood	
Length of stay in 1b 4 weeks		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2865 Laclede Station Road	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First Roy	Middle S	Last Rauschkolb	Month February	Day 21	Year 1963

5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-28-1886	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Public Relation Man	10b. KIND OF BUSINESS OR INDUSTRY Milne Circulation Sales, Inc	11. BIRTHPLACE (City and state or country) Belleville, Illinois	12. CITIZEN OF WHAT COUNTRY U.S. A.
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13a. FATHER'S NAME Louis Rauschkolb	13b. MOTHER'S MAIDEN NAME Minnie Nauman	14. NAME OF HUSBAND OR WIFE June Rauschkolb
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of)	16. SOCIAL SECURITY NO.	17. INFORMANT Address
No	5	Mrs. June Rauschkolb, 2865 Ladlede Station Road

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY)		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Hemiplegia, left sided		4 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b) Cerebral Hemorrhage		4 weeks
DUE TO (c) Hypertension & Atherosclerosis		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour s.m. p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from 7/17/58 to 9/19/63 and last saw him alive on 9/19/63
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Name or title) Arthur S. Crowl, M.D.	22b. ADDRESS 3790 Washington	22c. DATE SIGNED 9/19/63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Feb. 25, 1963	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) St. Louis County, Missouri
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24. FUNERAL DIRECTOR ADDRESS Math Hermann & Son, Inc., 2161 E. Fair Ave St. Louis, 7, Missouri	25. DATE RECD. BY LOCAL REG. FEB 23 1963	26. REGISTRAR'S SIGNATURE Road Smith, M.D.
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USE BLACK INK
OR
TYPEWRITER RIBBON

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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 *Glenn W. Vay*

Licensed Embalmer No. 3737

P. O. Address St. Louis Mo
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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.