WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

19796

File No. .....
Registered No. 5520

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City Kansas City (No. ..... St. ..... Ward)
City Hospital

2. FULL NAME 3617 Albert Rauscher

(a) Residence. No. 2917 Cado St. 17 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 1 - 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	33	9	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Butcher 34
(b) General nature of industry, business, or establishment in which employed (or employer) 3-13
(c) Name of employer 1910

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Kentucky

PARENTS

10. NAME OF FATHER Chas. Rauscher

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

~~Hospital Information~~

14. INFORMANT City Hospital
(Address) City Hospital

15. FILED JUN 15 1927, 19..... Maude Starkoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH 6

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 13 1927

17. I HEREBY CERTIFY, That I attended deceased from May 30, 1927 to June 13, 1927 that I last saw him alive on June 13, 1927, and that death occurred, on the date stated above, at 9.30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
① Peri urethral abscess (Gonorrheal origin with acute urinary retention — ② Syphilis
~~Chronic Nephritis~~ (duration) ? yrs. ? mos. 21 ds.

CONTRIBUTORY (SECONDARY) Operated — Suprapubic cystotomy June 4, 1927 (duration) yrs. mos. 15 ds.

18. WHERE WAS DISEASE CONTRACTED ?
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? Yes DATE OF June 4, 1927
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical — History
(Signed) J. N. Dabova M.D.
6/14, 1927 (Address) City Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
S. Mauleon	June 15 1927
20. UNDERTAKER	**ADDRESS**
Wacker-Haddel	2331 No. Broadway

Rauschi