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

Do not use this space.

38579

File No. .....

Registered No. 11252

1. PLACE OF DEATH

County .....

Registration District No. 791

Township .....

Primary Registration District No. 1003

City St. Louis, Mo. (No. St. Anthony Hospital St. ward)

2. FULL NAME Sister Mary Lucia (Margareta Rauch.)

(a) Residence. No. 3520 Chippewa Str. St., 16 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S., if of foreign birth? 69 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1 - 2 - 1856.

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71.	11.	13.	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Religious of the

(b) General nature of industry, business, or establishment in which employed (or employer) Franciscan Order.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Heumathen, Kreis
(STATE OR COUNTRY) Regensburg, Germany.

PARENTS

10. NAME OF FATHER George Rauch.

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

12. MAIDEN NAME OF MOTHER Margareta Winter.

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

14. INFORMANT Mother Mt. Crucestine
(Address) 3520 Chippewa St

15. FILED DEC 16 1927 19 Mary C Starkoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 15 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1927, to Dec 14, 1927, that I last saw h. alive on Dec 14, 1927, and that death occurred, on the date stated above, at 11 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia

(duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (SECONDARY) Colon

(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED —

IF NOT AT PLACE OF DEATH? .....

Did an operation precede death? No. Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

12/15, 1927 (Signed) Mary L Moran, M. D.
(Address) 3520 Chippewa

*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 Calvary Cemetery

DATE OF BURIAL Dec 17 1927

20. UNDERTAKER J. H. Gebbert Funeral Co.

ADDRESS 2842 Meramec

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.

CHECK ... WITH CHANGE ... IS A PERMANENT RECORD