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

Do not use this space.

8477

File No. .....

Registered No. 2143

1. PLACE OF DEATH

County ..... Registration District No. 791 1003

Township ..... Primary Registration District No. .....

City St Louis (No. 902 N. 15 St. ..... Ward)

2. FULL NAME Geraldine Rau

(a) Residence. No. 902 N. 15 St., 25 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 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)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 20 1927

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
2	0	24	

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

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Fred Rau
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Sylvia Brandt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Farmfelt
(STATE OR COUNTRY) Mo.

14. INFORMANT Fred Rau Jr
(Address) St Louis Mo.

15. FILED FEB 25 1929, 19..... Guy C Stark Jr REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 14 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 12, 19 29, to Feb 14, 19 29, that I last saw her alive on 2-14-29, 19....., and that death occurred, on the date stated above, at 3 45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
1 d / Primary

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Total

(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? .....
(Signed) Clement Bugal M. D.
2-15, 19 29 (Address) 210 Frisco Bldg

*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 Mt Carmel Cemetery Belleville Ill. DATE OF BURIAL Feb 16 1929

20. UNDERTAKER Thos Burke ADDRESS East St Louis

Exact statement of OCCUPATION is very important. If plain terms, so that it may be properly classified.