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

Do not use this space.

8586

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. Lutheran Hospital St. ..... Ward)

File No. .....

Registered No. 2255

2. FULL NAME Caroline Rauschkolb

(a) Residence. No. 2222a Oregon St., 23 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr. 12, 1852

7. AGE: Years 76 | Months 10 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Hainschouse
(STATE OR COUNTRY): Germany

PARENTS

10. NAME OF FATHER: Fred K Meier
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): "
(STATE OR COUNTRY): Unknown

14. INFORMANT: Wm C. Rauschkolb
(Address): 2009 Oregon av

15. FILED FEB 18 1929 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feby. 17 1929

17. I HEREBY CERTIFY, That I attended deceased from May 13th, 1927, to February 17, 1929, that I last saw her alive on February 17, 1929, and that death occurred, on the date stated above, at 4.10 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetic Coma.
59

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY): Diabetes Mellitus
57
(duration) 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 2222a Oregon Ave.
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical physical & laboratory findings
(Signed) A. L. Hertel, M.D.
2/19, 1929 (Address) 3608 S Grand Bl.

*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: Salem Cemetery
DATE OF BURIAL: Feby 20 1929

20. UNDERTAKER: G E Cobb
ADDRESS: 2115 California

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.