FR 28 1930

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

Do not use this space.

2454

1. PLACE OF DEATH
County St Francois — Registration District No. 775
Township Perry — Primary Registration District No. 6020
City LORAINE — EDWARD RAUTH — St. — Ward)

File No.
Registered No. 7

2. FULL NAME E. E. Rauth

(a) Residence. No. BONNE TERRE St., MO Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 8 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~~ AUSTIN RAUTH

6. DATE OF BIRTH (MONTH, DAY AND YEAR) NOV-5-1894

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
35	TWO	7	

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

9. BIRTHPLACE (CITY OR TOWN) FREEBURG
(STATE OR COUNTRY) ILLINOIS

PARENTS

10. NAME OF FATHER GEO. H RAUTH
11. BIRTHPLACE OF FATHER (CITY OR TOWN) FREEBURG
(STATE OR COUNTRY) ILLINOIS
12. MAIDEN NAME OF MOTHER CHRISTINE ELIZABETH CONRATH
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) BELLEVILLE
(STATE OR COUNTRY) ILLINOIS

14. INFORMANT MILDRED RAUTH KARSCH
(Address) Mildred Rauth Karsch Flat River Mo

15. FILED 1/14 1930 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 12 1930.

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
By suffocation due to smoke of burning ~~Back or~~ Bedclothes
D 1182
75 B
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Intoxication
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
Did an operation precede death? ..... Date of .....
Was there an autopsy?
What test confirmed diagnosis?
(Signed) R. B. Kesler, M. D. Coroner.
Jan 13, 1930 (Address)

*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
Freeburg Ill	1/14 1930

20. UNDERTAKER	ADDRESS
P. A. Penham	Bonne Terre Mo

MAY 16 1962

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County: St Francois — Registration District No.: 775 — File No.:

Township: Perry — Primary Registration District No.: 6025 — Registered No.: 7

City: (No. , St. , Ward)

2. FULL NAME: Lorraine Edward Ranth

(a) Residence. No. Bonne Terre Mo. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 8 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

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

7. AGE: Years 35 — Months two — Days 7 — If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN): Freeburg
(STATE OR COUNTRY): Illinois

PARENTS

10. NAME OF FATHER: Geo. H. Ranth

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Freeburg
(STATE OR COUNTRY): Illinois

12. MAIDEN NAME OF MOTHER: Caroline Elizabeth Conrath

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Belleville
(STATE OR COUNTRY): Illinois

14. INFORMANT: Mildred Ranth Ranch
(Address): Flat River Mo.

15. FILED 1/14, 1930 — T. A. Son, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 12 1930

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 , that I last saw h alive on , 19 , and that death occurred, on the date stated above, at a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
By suffocation due to smoke of burning bed clothes

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Intoxication
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) C. B. Lester, M. D. Coroner
, 19 (Address)

*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: Freeburg Ills. — DATE OF BURIAL: 1/14 1930

20. UNDERTAKER: P. A. Benham — ADDRESS: Bonne Terre Mo.

SUPPLEMENTARY

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REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED

5-2454