

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

Do not use this space.
31601

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City St. Louis Mo. (No. 2211 College Ave.)

File No.....
Registered No. **9249**
St. Ward)

2. FULL NAME

Jacobina Rauscher
(a) Residence No. 2211 College Ave. St. 9 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 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)

Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 23rd 1861

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
68	11	1	

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) (STATE OR COUNTRY) Germany

10. NAME OF FATHER Not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

14. INFORMANT Robert H. Rauscher
(Address) 2211 College Ave.

15. FILED 25 W. C. Parker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 24th 1930

17. I HEREBY CERTIFY, That I attended deceased from March 12, 1929, to Sept 24th, 1930 that I last saw h. in alive on Sept 24th, 1930, and that death occurred, on the date stated above, at 6-AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Melanotic carcinoma
4-6 B
53 E (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Carcinoma Stomach (duration) 1 1/2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

UPPER
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Arthur Sunders, M. D.
9/24, 1930 (Address) 2202 University

*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 St. Johns North **DATE OF BURIAL** Sept 27 1930

20. UNDERTAKER Hy Leidner Third & St. Market ADDRESS 1417

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.

