

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

Do not use this space.

10021

1. PLACE OF DEATH

96 County St. Louis Registration District No. 1160
10 Township Central Primary Registration District No. 4470
5 City University City (No. Carroll) St. Louis St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 4475 Ashland St. _____ 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bertha Rauch</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 15 - 1864</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>8</u>
		DAYS <u>10</u>
	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Baker</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>160 in Ashland quarry</u>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
FATHER	13. NAME <u>Bothard Rauch</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Carolina D. Orms</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Bertha Rauch</u> (ADDRESS) <u>4475 Ashland</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla Cemetery</u> DATE <u>3-28-32</u>		
19. UNDERTAKER <u>Wm. Schumacher</u> (ADDRESS) <u>4834 Natl. Bridge</u>		
20. FILED <u>Mar 28, 1932</u> <u>Lena V. Mueller</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 10:20 m.
The principal cause of death and related causes of importance were as follows:
Suicide by drowning
160 in Ashland quarry

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis Thyroid as there an autopsy yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide suicide Date of injury Mar 25, 1932
Where did injury occur? University City, Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury suicide by drowning
Nature of injury drowning

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) John L. Lauer, M. D.
(Address) Greenwood Square, St. Louis

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

APR 29 1932

MARGIN RESERVED FOR BINDING

V. S. NO. 2

Walt Whitman