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.

MAY 22 1933

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

Do not use this space. 13672

1. PLACE OF DEATH
County Jefferson — Registration District No. 421 — File No.
Township — Primary Registration District No. 4249 — Registered No. 40
City Festus (No. ..... St. ..... Ward)

2. FULL NAME Franz Wm Rasche
(a) Residence, No. Festus Mo St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30 1874

7. AGE — YEARS 58 — MONTHS 8 — DAYS 24 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P P & Co
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) Trouton Mo

FATHER
13. NAME Hy Rasche
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Margret Dinninger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs Anna Rasche Festus Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Festus Mo DATE April 26, 1933

19. UNDERTAKER (ADDRESS) Duester & Vinyard Festus Mo

20. FILED 4/26, 1933 J. E. Rutledge Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1933, to April 24, 1933
I last saw him alive on April 23, 1933. Death is said to have occurred on the date stated above, at 2:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Portal Cirrhosis (with extreme enlargement of liver)	? Probably about Oct 1932
[redacted]	
1248	
1256 1240	
Other contributory causes of importance: malnutrition	Feb 15, 1933

Name of operation none Date of .....
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) John F. Rutledge, M. D.
(Address) Crystal City Mo