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.

JAN 26 1934

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

Do not use this space. 41590

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St Louis (No. 5926, Cates Ave St. ..... Ward)

File No. ..... Registered No. 10610

2. FULL NAME Minnie Naumann Rauschkolb.

(a) Residence, No. 5926 Cates St., 5 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 44 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 Louis Rauschkolb

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 4, 1853

7. AGE YEARS 80 MONTHS 4 DAYS 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

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) Beardstown Ill.

FATHER

13. NAME Rev. Philip Naumann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hessen Darmstock Germany

MOTHER

15. MAIDEN NAME Mary Laahmann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

17. INFORMANT (ADDRESS) Capt. G. H. W. Rauschkolb, Kirkwood Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Salem Cemetery DATE Dec. 11, 1933

19. UNDERTAKER (ADDRESS) Alexander and Sons 6175 Delmar

20. FILED DEC 11 1933 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933, to Dec. 9, 1933

I last saw her alive on Dec. 8, 1933. Death is said to have occurred on the date stated above, at 1 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Dec 5, 33
82 A (spontaneous)	
97	

Other contributory causes of importance:

Arterio-sclerosis	1922

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) [signature], M. D.

(Address) 4500 Olive St

Dr Victor Keefer
Lister Bldg - 1-2