

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

Do not use this space.

31445

1. PLACE OF DEATH

SEP 13 1934

County.....

Registration District No.....

791

File No.....

8769

Township.....

Primary Registration District No.....

1003

Registered No.....

City.....

St. Louis

(No.....)

3016 Watson Rd.

St.....

Ward.....

2. FULL NAME

Rudolph Rauth

(a) Residence, No.....

3016 Watson Rd.

St.....

4

Ward.....

(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

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

Addie Rauth

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

Oct. 28th. 1857

7. AGE

YEARS

76

MONTHS

9

DAYS

30

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Proof-reader

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)

St. Louis

Mo.

MOTHER FATHER

13. NAME

Henry Rauth

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

15. MAIDEN NAME

Florentine Lutz

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

Germany

17. INFORMANT (ADDRESS)

Addie Rauth
3016 Watson Rd.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Valhalla

DATE Sept. 1st 1934

19. UNDERTAKER (ADDRESS)

J. J. Brudeck
3013 Meramec Street

20. FILED

19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 27th. 1934

22. I HEREBY CERTIFY, That I attended deceased from

8/11/34, 1934, to 8/27, 1934

I last saw him alive on 8/26, 1934. Death is said

to have occurred on the date stated above, at 2/15am

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

Myocarditis Chronic

Pneumonia

Achlorhydria (ACHLORHYDRIA)

Date of onset
3/1/33
1931

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

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) Victor S. Gould, M. D.

(Address) 2811 Watson

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.

SEP - 1 1934

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1811 1/2 Station Rd
Sterling, 2761