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.

NOV 9 1935

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

Do not use this space.

31402

791

1003

8241

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis (No. 3931, North Florissant Ave. Ward)

2. FULL NAME Caroline Rau

(a) Residence, No. 3931 North Florissant Ave. Ward. 20
(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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 28, 1866

7. AGE: YEARS 69 | MONTHS 0 | DAYS 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

FATHER

13. NAME: Henry Niederbremen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Katherine Haria
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Henry Rau 3931 North Florissant Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Friedens DATE: Oct. 1, 1935

19. UNDERTAKER (ADDRESS): Math. Hermann & Son 2161 East Fair Av.

OCT - 1 1935

20. FILED ..... 19 ..... J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1935, to Sept. 28, 1935
I last saw her alive on Sept. 28, 1935. Death is said to have occurred on the date stated above, at 8:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous Nephritis	?
Other contributory causes of importance: Chr. Myocarditis	?

131

Name of operation ..... 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) Arthur H. de Masy, M. D.
(Address) 4046 N. Grand Bl.