FEB 11 1933

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

Do not use this space.

791 3622

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 865

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

City St Louis Mo (No. 1609 Menard St. ..... Ward)

2. FULL NAME Anna M. Rausch

(a) Residence, No. 1609 Menard St., 23 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 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 Adam Rausch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8 1869

7. AGE Years 66 Months 3 Days 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
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) Austria Hungary

FATHER
13. NAME Unknown Bruchner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Adam Rausch 1609 Menard St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St Peter's Nat'l Cem DATE Jan 25 1936

19. UNDERTAKER (ADDRESS) Wm J. Robert 1825 S. Grand Blvd

20. FILED JAN 24 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1935, to Jan 22, 1936

I last saw her alive on Jan 22, 1936 Death is said to have occurred on the date stated above, at 1:28 A.m.

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

	Date of onset
Cholecystitis	July 1935
No Stones	

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Other contributory causes of importance:

Hepatitis acute	Jan 1936

Name of operation ..... Date of .....

What test confirmed diagnosis Phys Examination 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) Edward Wenger, M. D.

(Address) 2002 S. Edwards

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.

100M-11-24-33