

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.

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

Do not use this space.

JUL 14 1936

24230

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis Mo** (No. **1609 Menard**) St. **Menard** (Ward)

File No.....
Registered No. **5840**

2. FULL NAME

(a) Residence, No. **1609 Menard** St. **Menard** Ward. **23**
(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) **Widower**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Anne Rausch**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov 8 1868**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
72 6 23

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Monsieur's Chem 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) **Austria Hungary**

13. NAME **Fred Rausch**

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

15. MAIDEN NAME **Call Unknown**

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

17. INFORMANT (ADDRESS) **Fred Rausch**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peter's Paul Church** DATE **June 5 1936**

19. UNDERTAKER (ADDRESS) **Mr. J. Robert**

20. FILE NO. **JUN 4 1936** **J. Brebeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 1, 1936**

22. I HEREBY CERTIFY That I attended deceased from **March 15, 1936** to **June 1, 1936**

I last saw him alive on **June 1, 1936** Death is said

to have occurred on the date stated above, at **4P** m.
The principal cause of death and related causes of importance were as follows:

Tuberculosis Pulmonary Jan 36

Other contributory causes of importance: **73**

Name of operation..... Date of.....
What test confirmed diagnosis? **Physical Exp.** 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.

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

(Signed) **Edward Wenger**, M. D.
(Address) **2002 S. Broadway**

